

KEEPING CALIFORNIA SAFE 2006 ANNUAL REPORT



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TO THE CALIFORNIA LEGISLATURE
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MESSAGE FROM MATTHEW BETTENHAUSEN

I am pleased to provide you with this comprehensive report on how California is utilizing federal homeland security and public health emergency preparedness grants to prepare for, respond to, and recover from natural disasters and acts of terrorism. Protecting our communities from these threats is the highest priority of the Schwarzenegger Administration.

The Administration is committed to ensuring limited federal resources are spent wisely, expeditiously and in a coordinated way that ensures we are meeting key local, regional, State and national homeland security and public health emergency preparedness priorities. At the heart of our mission is ensuring the safety and security of all Californians. In 2006 we made significant progress in implementing programs to protect our State from those that seek to harm us, as well as preparing our State and communities to respond in the event of a communicable disease outbreak or natural or man-made disaster. This includes the successful completion of the third Governor's Annual Statewide Exercise "Golden Guardian" which tested the State's emergency management and mutual aid systems in response to a catastrophic disaster, assessment of California's ability to meet the demands for surge in healthcare delivery during an emergency, and planning for a pandemic influenza. The following pages detail a number of those key programs.

Of course, we also have the responsibility of administering federal homeland security and public health emergency preparedness grants. As it is often said, all disasters are local, so we placed special emphasis on ensuring that the counties and other local jurisdictions that receive most of these funds were able to implement their priorities in a timely manner. The Office of Homeland Security (OHS) has been working closely with our local partners to streamline grant processing and the reimbursement process. In the past year, OHS convened 53 grant management workshops and other training opportunities throughout California. These workshops were designed to educate our local partners on stringent federal guidelines and to identify unique challenges to drawing down federal grants. The California Department of Health Services (CDHS) has integrated multiple funding streams into an integrated grant application process for local health departments in order to expedite grant processing at the local and State levels.

The attached county-by-county and State agency summaries of grant allocations and expenditures provide an overview of how State and local jurisdictions are investing homeland security funding. Investments must support the goals and objectives outlined in *California's Homeland Security Strategy*. Local jurisdictions are also required to submit a detailed description of how they intend to invest their allocation prior to being awarded federal funds on a reimbursement basis. Additionally, local jurisdictions must submit bi-annual strategy implementation reports on meeting their goals and drawing down federal grants. The summaries also provide an overview of investments of public health emergency preparedness funding at the State and local levels, a description of the federal objectives that State and local jurisdictions must meet, and a summary of expenditures by each jurisdiction.

2006 was a year of progress and achievement where we succeeded in meeting a number of objectives that have made California a better place to live, work and thrive. There are always new challenges to meet, however, and we are continuing to move forward with new initiatives, priorities and goals for 2007. I look forward to continuing to work with the Legislature to meet our shared goal of ensuring the safety of California's 37 million residents.

Sincerely,
Matthew Bettenhausen

2006 ANNUAL REPORT

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Introduction

Governor Schwarzenegger has been a national leader in enhancing emergency preparedness and response to keep Californians safe when disaster strikes.

Managing risk in California is an inherently complex task, but in recent years, the State has successfully responded to earthquakes, floods, fires, freezes, outbreaks of infectious disease, droughts, pestilence, civil unrest, mudslides, chemical spills, and threats of terrorist attacks.

Our effort notwithstanding, California remains a high risk State for both natural and intentional disasters. In order to protect our residents and assets, we must remain vigilant in our preparedness for all hazards, whether natural or intentional.

The responsibility for homeland security and public health emergency preparedness does not lie with merely a few State or regional entities; it crosses nearly every jurisdictional and geographic line. From the federal government to the municipal level; from governments, first preventers and first responders to non-governmental organizations and volunteers, there is a tremendous amount of work being done to keep California safe and secure.

It is often said all disasters are local. Every incident, no matter the size will at least for a period of time be the responsibility of local jurisdictions. For that reason more than 80 percent of the homeland security funds awarded to California are allocated to local and regional entities to improve their prevention, response and recovery capabilities. Under the public health emergency preparedness federal grants, 70 percent of grants for health departments and 75 percent of the grants for hospitals, clinics, poison control centers, and emergency medical services agencies are allocated to local entities.

This report provides an overview of the State's strategy to combat terrorism and respond to emergencies, accomplishments to date, this year's priorities, a description of federal grants administered by the State, investments being made to secure our maritime infrastructure and assure the capacity of healthcare facilities to meet the increased demand for medical care during an emergency, and a detailed description of how and where federal preparedness grants have been allocated.

Additionally, this report provides a brief description of selected federal homeland security grants that are awarded directly from the federal government to a local jurisdiction. Although these funds are not administered by a State agency or department, these additional resources are used to enhance preparedness and procure equipment that may be called upon under the State's mutual aid system. A county-by-county summary of federal homeland security and public health emergency preparedness funds administered by the State is also included.

Since 9/11, California has made dramatic improvements in the ability to combat terrorism and respond to disasters. Through Governor Schwarzenegger's leadership, California continues to build on its reputation as a national leader in emergency preparedness through proactive preventive measures and improved disaster response capabilities.

Overview of California's Homeland Security and Emergency Preparedness Priorities

California takes a comprehensive approach to homeland security and emergency preparedness, utilizing a close partnership between federal, State, and local agencies, along with the private sector. This partnership is reflected in the integrated federal and State homeland security and emergency preparedness strategies developed by the U.S. Department of Homeland Security (US-DHS), the California Department of Health Services (CDHS), and the Governor's Offices of Homeland Security (OHS) and Emergency Services (OES). The following priorities are entirely consistent with these strategies.

Expanding State and Regional Collaboration

In the midst of the Hurricane Katrina emergency response effort, Governor Schwarzenegger enhanced the California's ability to share emergency resources with other states by signing Assembly Bill 823 (Chapter 233, Statutes of 2005). This bill ratified and approved California membership in the nationwide Emergency Management Assistance Compact (EMAC).

EMAC is the primary legal tool that states use to immediately send and receive emergency personnel, equipment, and aid during any major emergency or disaster as declared by the affected state's governor. For example, with the authority given by EMAC, OES coordinated the response of 2,700 California first responders to areas affected by Hurricane Katrina.

The Administration has enhanced collaborative efforts with the establishment of the Governor's Emergency Operations Executive Council (GEOEC) and the California Maritime Security Council (CMSC).

The GEOEC meets regularly to coordinate California's preparedness efforts. The GEOEC is led by the Directors of OES and OHS. Member agencies and departments include the California National Guard, the California Health and Human Services Agency (CHHS), Business, Transportation and Housing Agency (BT&H), California Department of Veterans Affairs, California Highway Patrol (CHP), CDHS and Emergency Medical Services Authority (EMSA), among others.

The Governor established the CMSC on October 12, 2006, through Executive Order S-19-06. The Council will address the need for expanded coordination and information sharing between the federal, State and local governments at our ports. CMSC membership includes officials from OHS, OES, CHP, the U.S. Coast Guard, the BT&H, National Guard, U.S. Navy and other agencies, as well as directors of California's major ports and representatives from labor and business communities.

OHS continues to work with our federal partners to ensure that effective and collaborative information sharing and working relationships are maximized. Personnel regularly attend

meetings, exercises and workshops with the Federal Emergency Management Agency's (FEMA) Region IX, Regional Interagency Steering Committee, the federal Health and Human Services (HHS)' Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA), the Biowatch Advisory Committees for San Francisco-Los Angeles-San Diego regions, the United States Coast Guard's Area Maritime Security/Executive Steering Committees for Sectors San Francisco-Los Angeles/Long Beach-San Diego, and are fully engaged with the State's assigned Protective Security Advisors with US-DHS.

Strengthening Information Sharing and Dissemination

The cornerstone for California's terrorism prevention strategy remains the sharing and analysis of relevant information to identify threat elements and support federal law enforcement activities to deter and disrupt terrorism operations before they occur.

The Administration has utilized federal homeland security funds to create four mutually supporting Regional Terrorism Threat Assessment Centers (RTTAC), aligned with the four FBI Field Offices in the State (San Diego, Los Angeles, San Francisco and Sacramento), and a State Terrorism Threat Assessment Center (STTAC).

The Governor's investments in information sharing have paid major dividends for the safety of Californians and the Nation. According to the Federal Bureau of Investigation (FBI), local information sharing centers have contributed to the prevention of seven terrorist plots in the last 18 months. One of these plots involved a terrorist cell operating in Torrance, California and founded by a man in Folsom Prison. He recruited fellow inmates and radicals outside prison to join in his mission of killing those he saw as "infidels." Members robbed a string of gas stations in order to raise money to fund terrorist attacks in Los Angeles. Their plan was to attack United States military recruiting centers on September 11, 2005, and to open fire a month later on synagogues during the Yom Kippur holiday.

Implementing the National Incident Management System

Governor's Executive Order S-2-05 directed OES and OHS to integrate the National Incident Management System (NIMS) and the State Emergency Management System (SEMS). Both SEMS and NIMS establish an organized structure for the management of all-hazard emergency operations. SEMS provides a strong foundation upon which California is implementing NIMS. California will continue to review, and adjust, SEMS in order to verify that the system is in compliance with NIMS requirements. Although there are many similarities between the emergency response elements of NIMS and SEMS, implementation of all elements of NIMS will require modification of SEMS from an emergency response system to an emergency management system that addresses not only response activities, but also, preparedness, recovery and mitigation.

CDHS designed its new Joint Emergency Operations Center to structurally and organizationally comply with the response structure defined in SEMS and NIMS.

The Director of OES promulgated model Continuity of Operations/Continuity of Government plans and guidelines to State and local agencies in order to assist them in ensuring the continuity of government and provision of essential services to the public during and after a catastrophic event.

All Executive Branch agencies updated their Continuity of Operations/Continuity of Government plans consistent with the guidelines and included procedures for the testing and exercising of these plans.

Enhancing Preparedness through Training and Exercises

The Golden Guardian Statewide Exercise Series, introduced by Governor Schwarzenegger in 2004, has become an annual exercise conducted to coordinate the prevention, response, recovery, and mitigation activities of city, county and State governmental agencies, the private sector and volunteer organizations in response to potential man-made, technological or natural catastrophic disasters, including terrorist attacks using Weapons of Mass Destruction (WMD).

Golden Guardian 2006 involved venues in each of the three OES Regional Areas executing simultaneous, yet different disaster scenarios simultaneously: (1) the Coastal Region executed a catastrophic earthquake scenario in San Francisco, with the earthquake event then being exploited by terrorists detonating improvised explosive devices in the Bay Area; (2) the Inland Region carried out an Avian Flu scenario, exercising the Fresno area assets responding to a mass outbreak of the H5N1 Avian Flu virus and simultaneously providing mass care and shelter for earthquake victims from the Coastal Region; and (3) the Southern Region completed a multiple terrorist suicide bomber attacks, including a HazMat component resulting from a biological weapon being released during one of the attacks, which engaged regional hospitals and public health. Additionally, CDHS exercised the receipt and warehousing of medical supplies and pharmaceuticals available to California in an emergency from the federal Strategic National Stockpile (SNS).

Resident Preparedness

Californians need to be prepared better prepared for disasters. Families have been encouraged to develop family disaster plans and volunteer to help others during catastrophes. California's First Lady, Maria Shriver, has made this a State priority.

Executive Branch agencies, through the coordination of the Director of OES, increased their efforts for the "Be Smart, Be Prepared, Be Responsible" public awareness campaign to provide individuals, families and schools with the information they need to prepare themselves until government assistance can arrive during and subsequent to disasters. The California Service Corps, in cooperation with the CHHS, OES, OHS, and non-profit volunteer organizations, is ensuring the coordination of volunteer activities related to disaster response and recovery, including necessary training, equipment, and transportation provisions.

CDHS conducted ethnic media roundtable discussions that helped raise awareness of emergency preparedness among the State's diverse populations. Materials for the public on bioterrorism agents and pandemic flu were developed, translated into multiple languages and distributed to public health agencies. Representatives from the State's many emergency preparedness partners convened for California's first-ever statewide Best Practices Summit for Risk Communication.

Strengthening Interoperable Communications

California received high marks from US-DHS for communications interoperability. US-DHS recently released scorecards on Tactical Interoperable Communications Plans (TICP) that were exercised in urban areas across the country last fall. Interoperable communication is an essential component of disaster response and encompasses the ability to communicate across jurisdictional and disciplinary lines.

These results validate the hard work being done at the State and local levels to meet this critical priority. Since 2002, California has invested over \$200 million of homeland security funding to enhance communication interoperability among first responders. OHS works closely with emergency response agencies throughout the State to make better informed decisions about how to most effectively allocate resources for communications interoperability. The State is working on expanding TICPs beyond the Urban Areas for coverage throughout the entire State.

Expanding the ability of public safety agencies to communicate with each other and share information electronically during emergencies is a core element of response preparedness. Physical elements, such as radios, vehicle-mounted communication units and Web-based systems, are part of the solution. To move toward interoperability, the State must maintain and upgrade its current independent systems to maintain and improve operability and link the independent systems via networking technologies to form a "System of Systems." This will provide an up-to-date communications infrastructure to integrate the various needs of the many public safety agencies in the State and a set of protocols to streamline California's public safety communication activities. The State has developed an interoperable communications plan that lays out a roadmap toward enhancing these capabilities.

Public Health Preparedness Planning

CDHS continues to work with local partners and the medical community to build public health capacity, healthcare surge capacity, and improve operational plans and procedures to strengthen California's ability to respond to public health emergencies.

During emergencies, CDHS and local health departments (LHD) provide surveillance to detect the outbreak of disease, laboratory testing capacity, technical expertise regarding infection control, water systems and licensing and regulation of healthcare facilities, and information for the press and the public regarding the public health risks of emergency events. To this end, CDHS has coordinated surveillance program development and response

planning with federal, State and local agencies on environmental monitoring systems such as the federal BioWatch and U.S. Postal Service Biohazard Detection System that detect and provide early warning of biologic agents. CDHS continues to coordinate the Early Warning of Infectious Disease Surveillance program with the Mexican government.

CDHS has worked with local laboratory partners and health departments to develop a Laboratory Response Network (LRN). State and local staff have been trained to recognize potential bioterrorism or other infectious agents and handle them appropriately. With Homeland Security Funds, CDHS completed the purchase of an All Hazards Risk Assessment Laboratory which enables CDHS to conduct preliminary triage testing of unknown specimens outside the environment of the laboratory facilities. CDHS is working with its laboratory partners to develop a comprehensive operational Laboratory Response Plan.

CDHS has developed the nationally recognized California Emergency Risk Communication Tool Kit and trained CDHS and LHD staff in its use. CDHS has developed press releases, fact sheets, a web-site, hotline message and other materials for use in various emergency scenarios. These tools have been translated into 12 languages. In 2006, CDHS held a Best Practices Summit for Risk Communication with over 175 participants representing 44 counties. A companion Risk Communication Tool Kit is being finalized for California's 8,000 drinking water districts.

Given the large number of programs that may be involved in response to a single public health emergency, CDHS must coordinate activity across the Department and its many field offices. The Schwarzenegger Administration created a state-of-the-art Joint Emergency Operations Center, which serves as a central point for coordinating CDHS field and program activities and emergency mutual aid between local, State and federal governments. The California Health Alert Network (CAHAN) is used as the primary alerting and notification system to immediately alert CDHS staff, LHDs and healthcare providers of a public health emergency. The JEOC proved to be a critical resource for coordinating public health activities during a summer heat wave in which unusually high temperatures threatened the elderly and infirm.

Emergency planning is a primary focus of CDHS. Over the past few years, CDHS has revised the CDHS Response Plan and developed a JEOC activation plan, Pandemic Influenza Response Plan, and a Continuity of Governmental Operations Plan for the CDHS and individual CDHS divisions.

CDHS continues to partner with LHDs, providing State leadership and technical expertise in the form of site visits, technical assistance and review of local applications and budgets. In 2006, CDHS held its Second Annual Statewide Public Health Emergency Preparedness Coordinators Conference. To promote partnerships among State and local public health departments and the medical community, in 2006, CDHS developed a comprehensive local application which included CDC, HRSA and State requirements and funding.

Training staff is critical to emergency response. In 2006, CDHS formed the statewide Preparedness Training Collaborative which has worked on developing a Comprehensive Emergency Preparedness Training Plan for CDHS, LHDs and the medical community.

Strengthening Mass Prophylaxis and Medical Surge Capacity

California is the first state in the nation to undertake development of statewide standards and guidelines for health care facilities to use when responding to a sudden and significant surge in sick or injured patients. Disasters, such as an earthquake, flood, pandemic influenza or radiological attack, may impose overwhelming demands on California's healthcare system. During such an emergency, health care professionals and facilities must be able to respond quickly to a sudden increase in demand for medical services, including needs for staff, bed capacity, medical equipment and supplies.

In 2006, Governor Schwarzenegger made an unprecedented commitment to ensuring the State's readiness for a public health emergency by dedicating more than \$214 million in General Fund and federal moneys to a surge capacity initiative. Through this initiative, CDHS has purchased 2,400 additional ventilators for California's hospitals, 50 million masks to protect health care workers, and 3.7 million courses of antivirals for treatment of pandemic influenza which, when combined with antivirals stockpiled by HHS for California, will provide treatment for 25 percent of California's population. The initiative also authorizes EMSA to purchase three mobile field hospitals to increase patient care by 600 beds and supplies and equipment for 21,000 alternate care site beds.

CDHS and EMSA integrated preparedness activities across disciplines to build and maintain medical surge and mass prophylaxis capabilities. The two organizations conducted planning, training, exercises to pre-identify the staff, hospital beds, and other resources that can be deployed following a catastrophic event.

CDHS has prepared LHDs to provide oral medications during an event to their entire population within 48 hours via a network of points of dispensing (PODs) staffed with trained/exercised paid and volunteer staff.

Preparing for Pandemic Influenza

In 2006, Governor Schwarzenegger convened a summit with local, State and federal leaders in both the public and private sectors to highlight the significant threat of a pandemic influenza to California, emphasize the importance of preparedness for a pandemic, and enhance the State's pandemic influenza response.

CDHS revised and issued its Public Health Pandemic Influenza Response Plan. The plan was tested in several exercises, including the nation's first pandemic flu exercise that brought together multiple layers of government and leaders from the private sector and community-based organizations. Organizers of the exercise, the Trust for America's Health, a non-profit advocacy organization, commended the State and said, "We believe that California is at the forefront of pandemic influenza preparedness nationally."

CDHS is now working to operationalize components of the plan and examining policy issues surrounding pandemic influenza such as prioritization of scarce resources and implementation of non-pharmacological community containment measures. CDHS is developing a Decision Analysis Scoring Tool (DAST) for prioritization of vaccine in a pandemic influenza epidemic.

Implementing the National Infrastructure Protection Program

Californians depend on a network of infrastructure that are both physical networks, such as energy and transportation systems, and virtual networks, such as the Internet. If terrorists attack one or more pieces of critical infrastructure, they may disrupt entire systems and cause significant damage and disruption to the nation.

OHS worked with local public safety agencies throughout the State to conduct vulnerability assessments and develop buffer zone protection plans for nearly 300 critical sites in California. These plans will help authorities deter terrorist and other criminals from carrying out their destructive plans.

In August 2006, California became among the nation's first Protected Critical Infrastructure Information (PCII) accredited entities, enabling private industry to voluntarily share critical infrastructure vulnerabilities as well as sensitive and proprietary business information with the public safety community with the assurance that any information meeting the requirements of the Critical Infrastructure Information Act will be exempt from unauthorized use and public disclosure under the Freedom of Information Act, State and local disclosure laws, and in civil litigation proceedings.

California continues to develop the Constellation/ Automated Critical Asset Management System (ACAMS), a national US-DHS pilot program that provides a comprehensive resource for the collection and effective use of critical infrastructure asset data, vulnerability assessments, protection information and incident response and recovery plans.

Enhancing Maritime Security

At the urging of Governor Schwarzenegger, California's ports recently received a significant increase in federal homeland security funding. Our ports will also benefit from the \$100 million in the port security grants approved in Proposition 1B during the November 2006 general election.

Last year, OHS identified \$85 million in short-term port security enhancement needs for California ports during a three-day program capability review conference attended by the State's leading port security experts. Port security and OHS officials are in the midst of developing the investment justification for maritime security, which will identify additional funding needs.

The Governor established the CMSC on October 12, 2006, through Executive Order S-19-06. The Council will address the need for expanded coordination and information sharing between the federal, State and local governments at our ports.

The CMSC will also be utilized to further refine the security funding needs of California's ports to establish perimeter security, deter the use of improvised explosive devices, increase the detection of weapons of mass destruction and enhance maritime domain awareness. The CMSC will enhance coordination and information sharing between the federal, State and local governments at our ports. The Council will also identify the costs associated with implementing the federally mandated Transportation Worker Identification Credential program.

Defending our Agriculture and Food System

California is the nation's largest agricultural supplier, producing over 50 percent of its fresh fruits and vegetables and 20 percent of its milk supply. The impact of an attack on our food supply would be staggering – both economically and psychology.

The food and agriculture defense strategy identifies four broad categories for food and agriculture initiatives: (1) Prevention, (2) Detection, (3) Emergency Response, and (4) Recovery. Initiatives are developed using an "all hazards" approach and are evaluated based on risk (vulnerability and consequence) scenarios.

The Food and Agriculture Defense Steering Committee was established to set priorities that will guide investment efforts of participating agencies. Members of this interagency steering committee include the California Department of Food and Agriculture (CDFA), CDHS, California Environmental Protection Agency, OHS, and OES. Other committee members include local agricultural commissions, and environmental and public health officers.

Enhancing Chemical, Biological, Radiological/Nuclear, Explosive (CBRNE) Detection and Response Capabilities

The Administration is committed to improving the safety and capabilities of the State's first responders to detect, respond to, and decontaminate a Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) event through enhanced equipment, training, exercises, and planning.

Homeland security funds have increased first responders' capability to rapidly identify, contain, and mitigate a hazardous materials release; rescue; decontaminate and treat victims exposed to the hazard; limit and restore the affected area; and, effectively protect responders and at-risk populations. California's public safety agencies have been investing in all hazards, certified and specialized response equipment such as: mobile command posts; specialized air/water vessel equipment; and radiological detection equipment at commercial vehicle enforcement facilities and agriculture inspection stations.

These investments have provided the State with an enhanced radiological detection emergency response system for local agencies that respond to radiological contamination incidents. Additional investments will allow first responders with real time radiation field detection equipment to transmit information on the specific source of radiation contamination to CDHS, where it can be evaluated immediately and appropriate action can be taken to protect public health.

In addition to enhancing radiological detection capabilities at the local level, OHS has also enlisted the help of the federal Department of Homeland Security (DHS) and Sandia National Labs to deploy specialized federal CBRNE assets such as the Rapid Deployable Chemical Defense System (RDCDS) at various high profile and special events throughout California.

Assessing and Bolstering Response Capabilities

Establishing metrics for identifying emergency response capabilities as well as gaps was a significant focus in 2006 and will continue in 2007. CDHS undertook the first California Healthcare Surge Capacity Survey in 2006 which enabled analysis of California's ability to meet the surge in demand for healthcare during an emergency. First responder response capabilities and inventorying those capabilities across the State will be a major focus of OHS and OES in the coming year. The collaboration between these two offices will allow homeland security funds to be used most effectively to ensure adequate protection for Californians by having proper response equipment, adequate interoperable communications capabilities and specialized training for first responders. This long-term project will increase the response capabilities for local governments in a number of areas. The initial areas targeted will be search and rescue, including swift water rescue, and emergency ordinance disposal capabilities.

The 2006 Budget Act requires OES to contract for an independent gap analysis to "assess the strengths and vulnerabilities of California's emergency preparedness system for catastrophic events and the projected costs to address those vulnerabilities." The gap analysis will measure the State's baseline emergency response capability and evaluate and quantify areas where systems, resources and organizations can be improved. The contract for the gap analysis has been executed and the analysis is expected to further refine emergency preparedness investments.

Strengthening the Management of Homeland Security and Bioterrorism Preparedness Grants

The Administration is committed to ensuring that federal preparedness funds are invested wisely and expended in a timely manner. Californians benefit from several federal homeland security grants. The primary programs are the State Homeland Security Grant Program (SHSGP) and the Urban Areas Security Initiative (UASI) Grant Program. There are also some specialized grant programs, such as port security and mass transit grants where transportation and maritime officials have a primary role.

In FY 2006 OHS conducted over 60 days of onsite grant trainings, workshops, conferences and meetings. Topics included assessing current capabilities, project development, grant application writing, grants management, fiscal management, accessing and navigating online grants management tools, training and exercise requirements, federal reporting requirements and how to prepare for a subgrantee monitoring from OHS.

OHS also convened a working group comprised of a cross-section of local jurisdictions and developed a new reimbursement process to streamline procedures and eliminate redundancies by starting with a planning template, which becomes part of the application.

In terms of improved grant management, OHS submitted successful FY 2006 applications for the Homeland Security Grant Program (HSGP), the BZPP, and the Transit Grant Security Program. Additionally, OHS closed out the FY 2001, FY 2002, and the FY 2003 SHSGP Parts I and II with no funds returned to the federal treasury.

In 2006, CDHS undertook several activities to strengthen the management of the CDC Public Health Preparedness Cooperative Agreement and the HRSA National Bioterrorism Hospital Preparedness Cooperative Agreement. To promote integration of efforts across funding streams, CDHS developed a comprehensive application guidance and agreement which includes funding streams from CDC, HRSA, CDC pandemic influenza funds and State funds. The single local agreement for all funding streams enables LHDs to conduct comprehensive planning for all public health emergency preparedness activities and to present a single agreement and an integrated budget to their Boards of Supervisors. To strengthen local grant management, CDHS provided regional training sessions for all LHDs and local HRSA entities on grant application and grant management.

In 2004, CDHS established the role of regional project managers to provide technical assistance and monitoring of LHDs on public health emergency planning. In 2006, CDHS expanded the responsibility of regional project managers to include surge planning and HRSA grant management, thus integrating program coordination with LHDs across all funding streams.

In 2005, the State Budget Trailer Bill added a requirement that CDHS audit each LHD's use of federal public health emergency preparedness funds every three years, effective January 2007. In 2006, CDHS undertook planning to implement this statute. This activity will

improve CDHS' oversight of LHD preparedness and accountability of federal emergency preparedness funds.

In reviewing State grant management, the Office of Inspector General of the federal HHS issued a 2006 report that ranked California third in the nation in having the lowest percentage (2.7 percent) of unspent/unobligated funds from its CDC grant.

Expanding State and Regional Collaboration

California is one of the best-prepared States in the nation, and coordination has long been a top priority. Large-scale devastation of the likes of 9/11 and Hurricane Katrina, however, have reinforced the importance of even stronger coordination among federal, State, and local agencies.

In the midst of the Hurricane Katrina emergency response effort, Governor Schwarzenegger enhanced the California's ability to share emergency resources with other states by signing Assembly Bill 823 (Chapter 233, Statutes of 2005). This bill ratified and approved California membership in the nationwide Emergency Management Assistance Compact (EMAC).

EMAC is the primary legal tool that states use to immediately send and receive emergency personnel, equipment, and aid during any major emergency or disaster as declared by the affected state's governor. For example, with the authority given by EMAC, OES coordinated the response of 2,700 California first responders to areas affected by Hurricane Katrina.

EMAC also provides for mutual cooperation emergency-related exercises, testing, or other training activities for purposes of preparing for actual emergency situations. Mutual assistance also includes the use of member states' National Guard troops in accordance with the National Guard Mutual Assistance Compact or by mutual agreement between states. Emergency forces will continue under the command and control of their regular leaders, while operations control will be the responsibility of the host state's emergency services authorities.

Prior to adopting EMAC, the State was forced to either share resources through federal legal mechanisms or await the OES-negotiated governor-to-governor agreements with other states, which often lengthened response time. Now, in the event of a large-scale emergency California's membership in EMAC will allow for more rapid and coordinated assistance both to and from other member states. This compact will become inoperative March 1, 2007, and will be repealed by January 1, 2008 unless a new provision is enacted to either extend the sunset or make the compact permanent. The Governor has urged the Legislature to make California's membership in EMAC permanent.

Governor Schwarzenegger also established the GEOEC, via Executive Order, to improve State agency coordination and overall State preparedness. As part of the broad-ranging Executive Order S-04-06, issued on April 18, 2006, the GEOEC was assigned three major tasks:

- Provide information to the Governor, Legislature, local agencies and the public on pending emergency conditions that threaten public health and safety.
- Develop a consolidated set of budget, legislative and administrative recommendations to improve State prevention and response capabilities to deal with pending threats to public health and safety.

- Assist in emergency preparedness management, response, recovery and mitigation efforts.

The first meeting of the GEOEC was held on June 6, 2006, and marked a major move in California to aggressively improve coordination, collaboration and communication between State agencies. The GEOEC is intended to supplement the California Emergency Council (CEC), which is the official advisory board to the Governor on matters pertaining to statewide emergency preparedness. Both the CEC and the GEOEC may advise the Governor on policy issues and application of State resources prior to, during, and in the recovery phase of any future disaster.

The GEOEC is chaired by OES and OHS. Member agencies and departments include the California National Guard, CHHS, BT&H, Veterans Affairs, CHP, CDHS, and EMSA, among others. The GEOEC will continue to meet throughout 2007 to develop recommendations for the Governor and the Legislature on pending emergency conditions that may threaten public health and safety, as well as focus on creating strong relationships among key response agencies. Required federal resources will also be assessed to improve State prevention and response capabilities.

Future goals of the GEOEC revolve around continuing the implementation of the Governor's Executive order through the development of a work plan and timeline addressing all the tasks associated with the major activities as prescribed by the executive order. In 2007, the group intends to focus on:

- Issues of budget coordination;
- Legislative coordination; and
- COOP/COG planning.

Federal Partnerships

OHS continues to work with our federal partners to ensure that effective and collaborative information sharing and working relationships are maximized. Personnel regularly attend meetings, exercises and workshops with FEMA's Region IX, Regional Interagency Steering Committee (RISC), the Biowatch Advisory Committees for San Francisco-Los Angeles-San Diego regions, the United States Coast Guard's Area Maritime Security/Executive Steering Committees for Sectors San Francisco-Los Angeles/Long Beach-San Diego, and are fully engaged with the State's assigned Protective Security Advisors with the Department of Homeland Security.

The members of the RISC represent the agencies that would respond to a major disaster under the Federal Response Plan. FEMA holds meetings with this group periodically to discuss initiatives and advances that relate to their disaster response capabilities. It also provides an opportunity for FEMA officials to advise the group on developments within FEMA that bear on the response situation. There is a major emphasis on building relationships and updating plans and standard operating procedures as needed. The objective is to maximize the partnerships of the public and private sector.

The three State BioWatch Advisory Committees are composed of federal, State, and local representatives that look at issues surrounding the BioWatch Program. The anthrax mailings of 2001 increased public and governmental awareness of the threat of terrorism using biological weapons. The federal response to this threat includes increases in countermeasure research funding, greater investment in public health infrastructure, and greater preparation of first responders who might be the first to encounter such weapons in an event. The US-DHS has made preparation against biological weapon attack a priority and deployed the BioWatch Program to provide early warning of a mass pathogen release.

The BioWatch Program uses a series of pathogen detectors co-located with Environmental Protection Agency air quality monitors. These detectors collect airborne particles onto filters, which are subsequently transported to laboratories for analysis. The system can provide early warning of a pathogen release, alerting authorities before victims begin to show symptoms and providing the opportunity to deliver treatments earlier, decreasing illness and death.

The BioWatch Program, funded and overseen by US-DHS, has three main components: sampling, analysis, and response. Each is coordinated by different agencies. The Environmental Protection Agency (EPA) maintains the sampling component, which involves the sensors that collect airborne particles. The CDC coordinates analysis, which involves the laboratory testing of the samples, though testing is actually carried out in CDHS and LHD laboratories. Local jurisdictions are responsible for the public health response to positive findings. The Federal Bureau of Investigation (FBI) is designated as the lead agency for the law enforcement response if a bioterrorism event is detected. Efforts to develop integrated response plans, lower the system cost, and develop complementary and next-generation systems are on-going.

2006 Accomplishments

The GEOEC has met three times in 2006, and has accomplished the following:

- ☑ Development of an operating charter establishing: GEOEC membership, goals, and major milestones, among other things. This charter addresses the coordination of budgetary, legislative, and strategic planning required to improve State prevention and response capabilities to threats of public safety and public health.
- ☑ The creation of a Senior Staff Working Group (SSWG) to coordinate similar budget needs and compare approaches to fulfilling these needs. The SSWG is comprised of senior level staff from all member agencies.
- ☑ Addressed the relationship between the GEOEC and other oversight/committee groups, with similar responsibilities in emergency response and preparedness, in order to minimize duplicative efforts. This analysis resulted in a graphical representation to help coordinate GEOEC efforts with other emergency preparedness committees based on the groupings of: Policy Level Committees; State/Local Coordination Committees; Hazard-Specific Committees; Multi-Agency Coordination Committees; Ad Hoc Committees; Discipline Specific Committees; and Local Committees.

Strengthening Information Sharing and Dissemination – Keys to Prevention

The cornerstone for California's terrorism prevention strategy remains the sharing and analysis of relevant information to identify threat elements and support federal law enforcement activities to deter and disrupt terrorism operations before they occur.

To compliment federal prevention and information sharing efforts by US-DHS and the FBI, California has created four mutually supporting Regional Terrorism Threat Assessment Centers (RTTAC), aligned with the four FBI Field Offices in the State (San Diego, Los Angeles, San Francisco and Sacramento), and a State Terrorism Threat Assessment Center (STTAC), all linked by a common information sharing system: Joint Regional Information Exchange System (JRIES).

The STTAC is a partnership of the California Department of Justice, the California Highway Patrol and OHS, with representation that includes allied State and federal agencies.

The STTAC is designed to provide California's senior leaders with:

- prompt situational awareness of identified threats;
- visibility of, and coordination with, the critical infrastructure of the State; and
- constant access to the latest local, State and national threat and warning bulletins and assessments.

The STTAC also provides:

- statewide threat assessment products;
- information tracking and pattern analysis;
- geographic reporting linkages;
- concept of operations;
- a common operating picture; and
- connection with the latest national information from the FBI, US-DHS and other federal agencies.

The STTAC has extensive Geographic Information System (GIS) data on the State's critical infrastructure and potential vulnerabilities, linked to incident reporting by local agencies and the RTTAC provides a Predictive Indicators Database for critical infrastructure sites and provide assessments on industry vulnerabilities.

The STTAC monitors law enforcement operations throughout California and public sources on international and national events, receives reports from federal, State and local government agencies on events of interest, conducts terrorist group analysis, and are a participant in national reporting and collection systems. The STTAC provides 24/7

situational awareness for OHS and has direct linkage to the National Counter Terrorism Center and the various national watch lists.

The four RTTACs are located in San Diego, Los Angeles, Sacramento and the San Francisco Bay Area, and are generally modeled on the Terrorism Early Warning Group concept pioneered in Los Angeles County and now being recommended by US-DHS nationwide. Their geographic areas of responsibility will mirror those of the four FBI Field offices in California, minimizing reporting conflicts, providing statewide coverage and facilitating coordination with the FBI. The RTTACs and Joint Terrorism Task Forces currently have mutual information exchanges through a common communications and collaboration system (JRIES).

The RTTACs will develop a regional threat assessment picture, will have analytical functions and will directly connect to each other and to share information and produce assessments, reports and other threat and warning products.

Information sharing centers are assisted by Terrorism Liaison Officers (TLO). TLOs are public safety officers trained to better identify the precursors to terrorist attacks. TLOs are trained in the review and assessment of local reporting and in conducting outreach to other public safety agencies, critical infrastructure operators and community groups. The goal of the awareness training is to provide a working knowledge of terrorist and criminal extremist groups and individuals, their activities and tactics and how to recognize and report indicators of terrorism and criminal extremism.

The TLO is the local agency point of contact for all terrorism-related alerts and suspicious activity reports, requests for information, warnings and other notifications from regional, State or federal homeland security agencies. The TLOs review local agency reports, manage local reporting and initiate or respond to requests for information. The TLOs have an ongoing relationship with other local agencies, especially those with daily contact in the community, and develop relationships with critical infrastructure sites within their respective jurisdictions, establishing a personal connection with their security and management staff. Through a single web-based State terrorism website, the TLOs and his or her agency have access to all available terrorisms alerts, notices, information and documents with searchable databases.

Prompt information sharing on public health threats is important in controlling the spread of communicable disease, both within California and across the California/Mexico border. In the past year, CDHS issued the *California Health Officers Practice Guide for Communicable Disease Control* which provides county counsels as well as local health districts (LHD) with practical information on the State legal authorities to control the spread of disease. CDHS also successfully implemented the Laboratory Information Management System (LIMS), which allows CDHS's seven laboratories to share information on a laboratory specimen it may be testing for multiple conditions. This is the first step in establishing a laboratory information system that allows hospitals and other healthcare providers, CDHS and LHDs to share information on specimens they have received and the outcome of their testing.

Through the Governors' Council of Border States, communication channels for information sharing between California and Mexico have been strengthened.

2006 Accomplishments

In the past year, California has made great progress in improving the information sharing and analysis capabilities throughout the State. Specific accomplishments to enhance information sharing include:

- ☑ Trained over 863 TLO's through a formal training program, approved and certified by both DHS and California Commission on Peace officer Standards and Training
- ☑ Expanded the TLO program to include an initial group of over 70 individuals representing State agencies in Sacramento who will be connecting State government directly to the STTAC and JRIES system.
- ☑ Implementing a private security professional terrorism awareness training program and ensuring that program is linked to the Terrorism Liaison Officer program.
- ☑ Enhanced integration of STTAC and RTTACs with the FBI and other federal agencies.
- ☑ Established a one-stop-shop and internet portal (Cal JRIES) for law enforcement to access the various information sharing networks.
- ☑ Improved integration of Cal JRIES with the Homeland Security Information.
- ☑ Pioneered the use of Law Enforcement Terrorism Prevention Program (LETPP) funds to further enhance our robust State Terrorism Threat Assessment Center (STTAC), and our four Regional Terrorism Threat Assessment Centers (RTTACs) in San Diego, Los Angeles, San Francisco and Sacramento.
- ☑ Opened the Los Angeles, Sacramento, San Diego and Northern California RTTACs.
- ☑ Issued communications to California's hospitals, clinics, and long term care facilities concerning threats to their facilities and patient populations, including
- ☑ Created a security advisory to alert all hospitals of their possible vulnerability to persons impersonating hospital inspection.
- ☑ Formulating an initiative with the California Department of Food and Agriculture to delivery a one-day TLO course to each of the 58 County Agriculture Commissioners that well focus on terrorism awareness and California's information sharing protocol.
- ☑ Partnered with the California Department of Consumer Affairs to sustain a private security guard terrorism awareness training program and ensured this program is linked to the Terrorism Liaison Officer program. Last year, the annual training requirements for licensed security professionals were changed to require four hours of terrorism awareness training. This program has resulted in more than 200,000 security professionals trained in recognizing potential terrorist activities and how to report suspicious incidents.
- ☑ Provided training in risk communications to 58 LHDs and CDHS.
- ☑ Worked with the Baja California and Mexico National health officials and other U.S. and Mexico border states to develop communication strategies for use in a public health emergency.
- ☑ Implemented LIMS in CDHS public health laboratories to identify and track laboratory specimens across all CDHS laboratories.
- ☑ Developed training strategies in communication with the public for California's 8,000 drinking water districts.

Implementing the National Incident Management System

On February 28, 2003, the President issued Homeland Security Presidential Directive 5 (HSPD-5), *Management of Domestic Incidents*, which directs the Secretary of Homeland Security to develop and administer NIMS. This system provides a consistent nationwide template to enable Federal, State, local and tribal governments and private-sector and nongovernmental organizations to work together effectively and efficiently to prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size or complexity, including acts of catastrophic terrorism.

NIMS represents a core set of doctrines, concepts, principles, terminology and organizational processes to enable effective, efficient, and collaborative incident management at all levels. It is not an operational incident management or resource allocation plan. To this end, HSPD-5 requires the Secretary of Homeland Security to develop a National Response Plan (NRP) that integrates Federal government's domestic prevention, preparedness, response, and recovery plans into a single, all-discipline, all-hazards plan. The NIMS system was heavily based on California's preexisting SEMS.

Governor's Executive Order S-2-05 directs OES and the OHS to integrate NIMS and SEMS. Both SEMS and NIMS establish an organized structure for the management of all-hazard emergency operations. SEMS provides a strong foundation upon which California is implementing NIMS. California will continue to review, and if necessary adjust, SEMS in order to verify that the system is in compliance with NIMS requirements. Although there are many similarities between the emergency response elements of NIMS and SEMS, implementation of all elements of NIMS will require modification of SEMS from an emergency response system to an emergency management system that addresses not only response activities, but also, preparedness, recovery and mitigation.

The September 2004 US-DHS letter outlined specific actions that states needed to take during FY 2005 to maintain eligibility for FY 2006 funds. OES met the September 30, 2005, requirements, which were fairly minimal and applied to State level operations only, by temporarily redirecting existing agency resources. Continuing commitment of resources from all branches of OES has been, and will continue to be required to support the SEMS/NIMS integration process.

To ensure statewide NIMS compliance, OES developed a process of certification consistent with the October 4, 2005 US-DHS letter to the Governors. The letter stated that at year end of FY 2006 (September 30, 2006) States and Territories must submit a self-certification form attesting that the State, including its tribal and local jurisdictions, has met the minimum FY 2006 NIMS requirements. Determination of the levels of statewide compliance with NIMS will be accomplished by the use of the National Incident Management Compliance Assurance Support Tool (NIMCAST) by twenty select State agencies (with lead emergency responsibilities as identified in the State Emergency Plan), 58 counties, all UASI cities

(including Fresno), and tribal governments in the composite statewide "roll-up". Failure to fully comply with the federal grant requirements by September 30, 2006 and September 30, 2007 places all federal emergency preparedness funding at risk. On September 30, 2006, California self-certified that the State, including its tribal and local jurisdictions, has met the minimum FY 2006 NIMS requirements. State certification is required to receive FY 2006 and FY 2007 federal preparedness funds.

To complete FFY 2006 NIMS requirements within the September 30, 2006, timeframe imposed by US-DHS, OES redirected staff who, using the FY 2005 and FY 2006 NIMS requirements as a guide, through the SEMS Maintenance System, established and supported specialist committees to develop materials to assist all jurisdictions in California, including tribal governments. These specialist committees consisted of representatives of all impacted jurisdictions with the expertise necessary to address the distinct requirements of NIMS.

Materials developed by these specialist committees were gathered together into the *California Implementation Guidelines for the National Incident Management System, Workbook and User Manual*. Following a beta testing of the document, attended by over fifty representatives of the statewide emergency management community, the workbook was approved for distribution and use by the SEMS Advisory Board. The workbook was then used as basis of fourteen compliance assistance workshops that were conducted from June through August, 2006, throughout the State with a total attendance of over five hundred representatives from the emergency management community. This amounted to one State agency workshop, nine local government workshops and four tribal government workshops.

Other tools developed by OES to assist in meeting the NIMS requirements consisted of:

- model resolutions
- training matrix identifying NIMS training requirements and who should have the training
- train-the-trainer programs
- development of a class that combines SEMS Introduction and NIMS IS-700
- SEMS/NIMS crosswalk
- SEMS/NIMS Power Point Presentation
- web-based updates and informational links for NIMS alerts and supporting materials.

In 2007 and 2008 OES will be required to develop additional guidance, training materials, plans and procedures, an integrated resource management system, certifications and qualifications process, and a comprehensive After Action Report (AAR)/Corrective Action process, and to expand technical assistance to local governments and outreach to tribal governments, volunteer, nongovernmental organizations (NGO) and the private sector. In addition to the NIMS integration efforts, changes to the NRP must be integrated into all existing emergency management plans and the SEMS/NIMS guidance materials. In addition to resources redirected within OES, other State and local agencies as well as private sector, tribal, and voluntary agencies have committed time and expertise to the SEMS Maintenance System committee process being used to provide stakeholder oversight of SEMS/NIMS integration activities. The following is a brief summary of priority NIMS compliance tasks through September 2008.

- SEMS/NIMS Integration: Oversight of the SEMS/NIMS integration process through the SEMS Advisory Board and subordinate committees (Technical Group, 7 “active” Specialist Committees, 6 Mutual Aid Regional Advisory Committees), as required by Executive Order.
- NIMCAST: Application of the National Incident Management Compliance Assurance Support Tool (NIMCAST) to establish the “NIMS baseline” for the State, including gathering, compiling and analyzing information provided by State agencies, local government, and tribal governments.
- Plans/Guidance: Revision and integration of the California State Emergency Plan and Terrorism Response Annex to address NIMS requirements and align with the National Response Plan (NRP). Revision of other specific plans to incorporate NIMS and for consistency with the NRP and HSPD 8. Revision of procedures implementing plans that are modified. Development or revision of guidance documents for all levels to reflect SEMS/NIMS integration, the NRP, and HSPD 8. Integration of “terrorism” and “multi-hazard” emergency plans and enhancing regional planning.
- After Action/Corrective Action: Development of after action and corrective action process to address relevant NIMS standards, guidelines, and protocols, including identification of statutes or regulations to be eliminated or amended. Development of an after action database that tracks the implementation of corrective actions identified in After Action Reports (AARs) submitted by State and local governments. Resulting Corrective Action Plans (CAPs) will implement procedures based on lessons learned from actual incidents.
- Outreach/Technical Assistance: Expanding partnerships with other states, tribal governments, the private sector, volunteers and community groups through outreach, coordination, and technical assistance on all aspects of NIMS and enhanced emergency response planning to: 100 State agencies; 474 police agencies, 58 Sheriff’s departments, and State agencies employing peace officers; 900 fire departments; 58 Operational Areas; 109 Tribal Governments; 9 Urban Area Security Initiative regions; and countless private sectors, voluntary and nongovernmental organizations.
- Resource Management: Development and implementation of an integrated resource management system consistent with NIMS requirements and federal standards. This will be a uniform method of identifying, acquiring, allocating and tracking resources. This will require the development of statewide, standardized resource identification, evaluation, typing and tracking system to ensure effective mutual aid and donor assistance and encompassing resources contributed by private sector and nongovernmental organizations.

- Personnel Qualifications/Certification: Development of personnel qualification and certification processes consistent with federal standards, including identification of statutes or regulations to be eliminated or amended. Evaluation of training curriculum against NIMS related qualifications and HSPD 8 capabilities.
- Recovery: Development of recovery strategies, plans and procedures to address NIMS requirements and to more clearly integrate with the National Response Plan and assure full integration with SEMS. Evaluate current and planned new HSPD 8 target capabilities for necessary recovery program modifications.
- Training: Review and revision of the SEMS Approved Course of Instruction to comply with the NIMS and HSPD 8 requirements and modify existing or develop new curriculum to train State and local governments and others required to demonstrate NIMS compliance. Provide training on use of NIMS compliance “tools” (such as NIMCAST and resource inventory methodology) and on NIMS driven modifications to plans, procedures, and guidance. Review and revision of other OES emergency management training curriculum to comply with the NIMS. Development of a credentialing system tied to uniform training and certification standards for all emergency management personnel and a means of tracking this information.
- Communication: Development and implementation of system(s) for improving the timely dissemination of public information, especially regarding vulnerable populations, and fostering information sharing between all levels of the SEMS structure.

Through federal funding received from OHS, the OES Training Branch is developing new curriculum and training tools related to NIMS (including SEMS/NIMS integration, resource typing, and corrective action reporting requirements) and the NRP and, as necessary, incorporate this material into existing training programs. Evaluate and, if necessary, revise existing curriculum for compliance with HSPD-8 tasks and capabilities requirements. Conduct training for OES, other State agency, local, tribal, and other emergency management personnel. Track training consistent with NIMS certification requirements.

OHS has participated in The NIMS Standard Practitioners workgroup outside the State in order to provide California’s perspective and recommendations to the FY 2006 process and will continue to participate in 2007.

The new JEOC implemented by CDHS and EMSA in 2006 for coordination of their response activities was designed to allow compliance with the SEMS/NIMS organizational structure for response.

Enhancing Preparedness through Training and Exercises

The Administration utilizes a multi-agency, multi-disciplinary team, which is lead by OHS, to ensure training and exercises for California's emergency responders are systematically developed, coordinated, and conducted. This approach works to coordinate the prevention, response, recovery, and mitigation mechanisms of city, county and State governmental agencies, private sector, and volunteer organizations in response to potential man-made, technological or natural catastrophic disasters, including terrorist attacks using WMD. The exercise program focuses on the robust annual statewide exercise, Golden Guardian.

The 2006 Golden Guardian exercise involved more than 2000 participants representing more than 165 federal, State and local agencies. The scenario involved venues in each of the three OES Regional Areas executing different scenarios simultaneously: (1) the Coastal Region executed a catastrophic earthquake scenario in San Francisco, with the earthquake event then being exploited by terrorists detonating improvised explosive devices in the Bay Area; (2) the Inland Region carried out an Avian Flu scenario, exercising the Fresno area assets responding to a mass outbreak of the H5N1 Avian Flu virus and simultaneously providing mass care and shelter for earthquake victims from the Coastal Region; and (3) the Southern Region completed multiple terrorist suicide bomber attacks, including a HazMat component resulting from biological weapon being released during one of the attacks which engaged regional hospitals and public health.

The Golden Guardian Statewide Exercise Series was first initially and personally introduced by Governor Schwarzenegger in 2004, and has become an annual exercise conducted to coordinate the prevention, response, recovery, and mitigation mechanisms of city, county and State governmental agencies, private sector, and volunteer organizations in response to potential man-made, technological or natural disasters. The goal of the Golden Guardian Exercise Series is to build upon the lessons learned from this and subsequent exercises conducted throughout the nation, as well as real-world events.

Multiple State agency involvement was significantly upgraded this year, with an emphasis on improving their plans on responding to catastrophic earthquakes, biological events (natural and intentional), mass prophylaxis, mass care and shelter of victims and displaced persons.

Another significant highlight to this year's Golden Guardian was the extensive involvement of the federal response to the exercise incidents in California. This included an Emergency Response Team A (ERT-A) being deployed by FEMA Region IX to Sacramento which co-located with the OES State Operations Center (SOC), a Federal Coordinating Officer (FCO), and Principal Federal Official (PFO) and his staff, and staff for the 15 Emergency Support Functions (ESF's) in the National Response Plan (NRP). Additionally, there was a forward operation center from U.S. Army North and a 60 person FBI contingent in Southern Region.

OHS, acting as the lead, has already started to plan for Golden Guardian 2007 in conjunction and collaboration with our city, county, State, and federal agency partners. This year's

Golden Guardian theme will be multiple coordinated terrorists attacks on mass gathering venues (large stadiums, fairgrounds, amusement parks, etc.) that are connected with mass transit (bus, subway, rail lines). These will be coordinated attacks in all three OES Regional Areas; Coastal (San Jose), Inland (Stockton), and Southern (Anaheim/San Anta). This approach combines the efforts of the Large Stadium and Mass Transit Functional Area exercise initiatives and the Prevention exercise initiative that will test the State's robust information sharing systems. The Golden Guardian 2007 series of exercises will build on the lessons learned from Golden Guardian 2005 and 2006.

OHS is responsible for oversight of grant funds for training activities involving California responders and other support entities and State agencies. The overall goal is to insure relevant training is available to California responders, in order to maximize the use of grant funds and valuable time. Training funds are distributed to local agencies via sub-grants to the counties and are typically directed to other State agencies via interagency agreements. Funding for course development is also provided via interagency agreements. These interagency agreements outline the scope of work to be performed by each agency/organization. These activities must be consistent with US-DHS guidelines for terrorism training and guidance from California Training Partners.

California's training partners are the backbone of the responder training apparatus in the State and are critical to equipping California's responders to engage locally in the Global War on Terrorism. In addition, OHS understands the continuing education requirements of California responders and ensures all WMD/CBRNE training is approved by the training partners and qualifies for continuing education credit. This ensures quality training and provides the responder agencies maximum benefit from the training time expended.

In addition to working closely with the California's State Training Partner's, the Training and Exercise Division receives recommendations and guidance on training curriculum development from the Emergency Response Training Advisory Committee (ERTAC).

Emergency Response Training Advisory Committee (ERTAC)

Emergency Response Training Advisory Committee (ERTAC) was established by legislation in 2003 by (SB 1350). Training that is geared at preventing acts of terrorism is a major priority. The ERTAC membership is comprised of:

- The Governor's Security Advisor.
- The Commissioner of CHP.
- The Executive Director of the Commission on Peace Officer Standards and Training.
- The State Fire Marshal.
- The Director of CDHS.
- The Director of OES.
- The Director of EMSA.
- The Chairperson of the California Fire Fighter Joint Apprenticeship Committee.
- The Attorney General.
- Nine representatives, appointed by the Governor, comprised of the following:

- One police chief from the California Police Chiefs Association.
- One county sheriff from the California State Sheriffs' Association.
- One representative of port security agencies.
- Two fire chiefs, one from the California Fire Chiefs Association and one from the California Metropolitan Fire Chiefs Association.
- Two firefighters, one from a statewide organization representing career firefighters and one from a statewide organization representing both career and volunteer firefighters.
- Two law enforcement labor representatives, one from a State organization and one from a local organization.

OHS works to facilitate training programs for virtually every entity involved in disaster mitigation and response, including:

- Law enforcement
- Public health
- Public safety communications
- Public works
- Emergency management
- Emergency Medical Services
- Fire Services
- Government Administration
- Hazardous Materials
- Health Care
- Mass Transit
- Ports
- Urban Search and Rescue
- Other public safety related fields including private security guards

OHS has supported the training of over 500,000 California emergency responders with over 700 courses taught by federal, State, and local training partners and funded with homeland security grants since 2003. OHS has expanded the training partners program to include other course developers and presenters of terrorism training, such as the California Maritime Academy (CMA), Western Institute for Food Safety and security (WIFSS), the University of California (UC) system, the California State University (CSU) system, the California Community College system, and CDHS. In addition, OHS has facilitated the development, certification and institutionalization of over 110 courses from California's training organizations and partners. This resulted in US-DHS approval to use federal grant funds to support these training programs and participation by first responders, citizen volunteers and private sectors partners. California's approved and certified courses represent more than a third of total US-DHS -approved courses nationwide.

Terrorism Liaison Officer (TLO) Training

The State has created a network of approximately 1500 operational Terrorism Liaison Officers (TLO's) consisting of over 1100 trained public safety officers, and an additional 400 untrained but acting TLO personnel, to better identify the precursors to terrorist attacks. In addition, TLO's are a key resource in support of California's information sharing system which serves as a model for the nation. The TLO program will become more effective as more first responders receive terrorism awareness training. The goal of the awareness training is to provide a working knowledge of terrorist and criminal extremist groups and individuals, their activities and tactics and how to recognize and report indicators of terrorism and criminal extremism. OHS is also supporting terrorism awareness training to private security professionals, which has an additional 400,000 people who can observe and report suspicious activity and may ultimately disrupt terrorist plans.

Training Local Health Departments

The first line of response to a pandemic influenza is at the local level. To assist LHDs in preparing for a pandemic, CDHS, using federal Pandemic Influenza funds, developed a series of regional training sessions to help LHDs prepare a pandemic influenza plan, expand risk communication activities for pandemic influenza, establish alternate care sites when hospital capacity is exceeded, conduct case detection, and provide antiviral medications. These training sessions will be conducted in 2007.

CDHS Exercises

In addition to participation in Golden Guardian 2006, CDHS, in coordination with EMSA, participated in the Rough and Ready exercise in May 2006 and the Statewide Disaster Exercise conducted in November 2006. While responding to the scenarios of these exercises through activation of the JEOC, CDHS activated its Strategic National Stockpile (SNS) distribution function. Warehouse operations to receive and distribute the medical supplies and pharmaceuticals to LHDs were exercised and some LHDs exercised dispensing of these supplies to their residents. CDHS also undertook tabletop exercises to test preparedness for responding to a pandemic influenza. In October 2006, the Trust for America's Health, a national non-profit health advocacy organization, conducted a tabletop exercise in Los Angeles that was the first in the nation to involve businesses, infrastructure organizations, community and faith-based organizations, and education in addition to CDHS and the Los Angeles County Department of Public Health. First Lady Maria Shriver was a speaker at this tabletop.

2006 Accomplishments

Specific accomplishments to enhance preparedness through training and exercises include:

- ☑ Supported the training of over 500,000 California Emergency Responders with over 700 courses being taught by training partners and funded with homeland security grants.
- ☑ Conducted the Golden Guardian 2006 Exercise Series (36 development and planning conferences and 24 separate discussion and operational exercises).
- ☑ Initiated the course approval process ated on 64 courses from California's training organizations. which resulted in US-DHS approval to utilize grant funds to support these training programs and participation by first responders and private sectors partners.
- ☑ Received full US-DHS approval for 18 courses in 2006, bringing our total up to 41 courses in the US-DHS state approved catalog. California courses represent over 40 percent of approved State developed training courses in the nation.
- ☑ Collaborated with the California Peace Officers Standards and Training (POST), Emergency Medical Services Authority (EMSA), the California Specialized Training Institute (CSTI), the State Fire Marshal (SFM), and the California Fire Fighter's Joint Apprentice Committee (CFFJAC) to ensure continued development of relevant California training courses and subject matter expert review of "other than California developed" courses proposed for presentation to California's first responders.
- ☑ Expanded the Training Partnership to other course developers and presenters of terrorism training to include: the California Maritime Academy; the Western Institute for Food Safety and Security (WIFSS); the University of California (UC) system; the California State University (CSU) system; the California Community College system; and CDHS.
- ☑ Developed a Functional Area Initiative program that tailors an exercises series for large stadiums, the food and agriculture industry, mass transit operators, the maritime community, and cyber security specialists.
- ☑ Developed, produced, and executed three Regional and one State Agency Exercise Planning Workshops (EPW). These workshops synergized the efforts between city, county (operational area), Urban Area Security Initiative (USAI) cities, State, and federal agencies for the purpose of exercising emergency operations plans, enhancing California's Homeland Security Exercise and Evaluation Program, and identifying and scheduling exercises and training activities within the State.
- ☑ Produced, controlled, evaluated, or observed a total of 42 exercises, including those from the Golden Guardian Series and Functional Area Initiatives within California resulting in the most robust and effective Homeland Security Exercise and Evaluation Program in the country.
- ☑ CDHS participated in statewide exercises: Rough and Ready 2006, Golden Guardian 2006, and the 2006 Statewide Disaster Exercise
- ☑ CDHS conducted tabletop exercises on preparedness for pandemic influenza, including a tabletop exercise that was the first in the nation to involve government, business, infrastructure, education, and community based organizations.

- ☑ CDHS conducted two exercises of the SNS warehouse operations to receive and distribute pharmaceuticals and medical supplies needed during an emergency.
- ☑ CDHS established a statewide Preparedness Training Collaborative involving other CDHS programs, other State partners, CDC funded Centers for Public Health Preparedness and representatives from LHDs to develop a common strategic training plan to build public health and hospital emergency response capacity.
- ☑ CDHS conducted two series of regional trainings for LHD staff on grant application and work plan development for 2006-07 funding.
- ☑ CDHS funded the California Hospital Association to train hospital staff in the HICS program, revised in 2006 under EMSA's national leadership.
- ☑ CDHS co-sponsored a two day conference for hospitals on disaster management organized by the California Hospital Association. Over 600 participants attended the conference.

Citizen Preparedness

Governor Schwarzenegger issued Executive Order S-04-06 on April 18, 2006, the 100th anniversary of the San Francisco earthquake and fire, to provide comprehensive direction on emergency preparedness in California. The Order, in part, directed all Executive Branch agencies, through the coordination of OES, to increase their efforts for the “Be Smart, Be Prepared, Be Responsible” public awareness campaign developed by First Lady Maria Shriver. The Executive Order also directed the California Service Corps, in cooperation with HHS, OES, OHS, and non-profit volunteer organizations to ensure coordination of disaster response and recovery activities, including training, equipment and transportation.

California Volunteers (formerly the California Citizen Corps) is a crucial component of the State’s citizen preparedness and homeland security efforts. California Volunteers develops, expands, and strengthens Citizen Corps programs, which integrate volunteers into the law enforcement, fire, medical health, and emergency management systems. A cross-cutting theme of these efforts is to better prepare our State’s most vulnerable communities for disasters, emergencies, and acts of terrorism.

Volunteer programs increase a participating agency’s capacity and capabilities by engaging trained and available volunteers to help support an agency’s delivery of services. This allows sworn and civilian personnel to spend more time on activities requiring their training and expertise. These pre-affiliated volunteers are a part of an agency’s response structure and can be counted on to help an agency in time of disaster or emergency. For example, it is estimated that volunteers saved California law enforcement agencies \$75 million in 2005. Volunteers contributed to almost every aspect of law enforcement work including answering telephones, writing reports, supporting DUI checkpoints, patrolling communities, and participating in search and rescue operations.

Individual Citizen Corps Councils serve as the intersection of first responder and emergency management agencies, community- and faith-based organizations, volunteer programs, and community members. Councils coordinate community preparedness and safety programs while working with a variety of organizational partners. While each neighborhood, community, and region will determine its own Citizen Corps Council membership, the primary qualification to participate in the Council is the commitment to educate the public on safety, to help citizens take an active role in protecting themselves from harm, to teach citizens what to do in the event of a crisis, and to expand volunteer opportunities that will make the community safer.

Unfortunately, spontaneous, unaffiliated volunteers often hinder the efforts of trained personnel. California encourages these well-intentioned volunteers to support disaster relief organizations and government agencies in five areas of the National Response Plan:

- (1) Emergency Support Function 6 - Mass Care, Housing, and Human Services;
- (2) Emergency Support Function 14 - Long-Term Community Recovery;
- (3) Emergency Support Function 15 - External Affairs;
- (4) Supporting Donations Management; and,
- (5) Coordinating Volunteer Management.

One of the key elements necessary for California to respond to and recover from an emergency is citizen preparedness. The Administration is committed to public outreach and education to ensure that the State's residents are adequately prepared for catastrophes.

In 2005 and 2006, the Administration leveraged federal homeland security grant dollars to promote disaster preparedness on a statewide level. Prior to the homeland security grant dollars becoming available, limited funds were available for public outreach and education.

California Volunteers will expand and strengthen citizen preparedness and participation in all hazard prevention, preparedness, response, and recovery at the State, regional, and local levels to address the State's homeland security goals and objectives.

During the next five years, California Volunteers plans to:

- Significantly increase the number and effectiveness of local Citizen Corps Councils;
- Dramatically increase the number of CERT programs from 150 to more than 300;
- Provide the 20-hour CERT training to an additional 50,000 people;
- Train more than 2,500 new CERT instructors;
- Train an additional 300 new CERT instructor trainers;
- Double the number of Fire Corps programs to 60;
- Develop and sustain a minimum of 25 new Medical Reserve Corps programs;
- Increase by one third the number of Neighborhood Watch programs;
- Increase by one third the number of Volunteers In Police Service and other law enforcement volunteer programs;
- Significantly increase the capacity and capabilities of California's State and local VOADs (Voluntary Organizations Active in Disaster) to provide coordinated and responsive post-disaster assistance;
- Develop national service program resources to assist in time of disaster;
- Provide continuity planning seminars for thousands of small businesses, and community- and faith-based organizations.
- Focus many of the California Service Corps and local council and program efforts on better preparing our State's most vulnerable populations and communities to include children, seniors, persons with disabilities and special needs;
- Work to support the growing needs of volunteers working in areas such as animal rescue, spiritual care, and disaster mental health for both responders and victims; and
- Better engage the private sector in helping to increase Citizen Preparedness and Participation across the State.

2006 Accomplishments:

- ☑ Held the second "Day of Preparedness", an all-hazard disaster preparedness and education fair. The Sacramento event garnered extensive statewide coverage.
- ☑ Promoted the effectiveness of disaster supply kits with San Francisco-area school children to commemorate the 100th anniversary of the 1906 San Francisco Earthquake.

- ☑ Distributed a public service announcement on emergency preparedness to broadcasters through a contract with the California Broadcasters Association (CBA). Developed a key brochure that provides information on the top 10 ways individuals can prepare for disasters. This brochure has been translated into seven languages.
- ☑ Developed subject-specific disaster preparedness tip sheets to provide information on such things as preparing children and the elderly for disasters, and organizing communities to be disaster ready.
- ☑ Developed a disaster preparedness coloring book for kids that is very popular among pre-school through early elementary school grade levels.
- ☑ Requested an increase in the homeland security grant allocation for outreach and education, which will be used to expand campaign Web site functionality and usefulness, increase advertising opportunities through broadcast, print, and outdoor mediums, and develop campaign planning materials for use by local government officials, in the hope of having the Get Ready message carried at all levels of government in California as the uniform messaging for disaster preparedness.

Strengthening Interoperable Communications

California's urban areas recently received high marks from US-DHS for communications interoperability. In January 2007, the US-DHS released scorecards on Tactical Interoperable Communications Plans (TICP) that were exercised in urban areas across the country last fall. The following California urban areas participated in the survey: Anaheim and Santa Ana, Long Beach and Los Angeles, Oakland, Sacramento, San Diego, San Francisco, and San Jose.

The positive results validate the hard work being done at the State and local levels to meet this critical priority. Since 2002, California has invested over \$200 million of homeland security funding to enhance communication interoperability among first responders. OHS works closely with emergency response agencies throughout the State to make better informed decisions about how to most effectively allocate resources for communications interoperability. The State is working on expanding TICPs beyond the Urban Areas for coverage throughout the entire State.

Expanding the ability of public safety agencies to communicate with each other and share information electronically during emergencies is a core element of emergency preparedness. Physical elements, such as radios, vehicle-mounted communication units and Web-based systems, are part of the solution. To move toward interoperability, the State must maintain and upgrade its current independent systems to maintain and improve operability and link the independent systems via networking technologies to form a "System of Systems." This improvement will provide an up-to-date communications infrastructure to integrate the various needs of the many public safety agencies in the State and a set of protocols to streamline California's public safety communication activities.

The interoperability issue continues to be examined by the two key radio communication committees led by OES, the California Statewide Interoperability Executive Committee (CALSIEC) and the Public Safety Radio Strategic Planning Committee (PSRSPC). To date, significant challenges still exist which require an enormous amount of time and effort by OES and the PSRSPC and CALSIEC Committees to ensure progress.

The PSRSPC has identified an "operability" problem among California's public safety agencies. Many existing agency systems have considerable deficiencies in their communications structure and need funding to purchase new systems. While interoperability is the end goal, it is important not to lose sight that agencies must first be able to communicate within their own system structures.

Possibly even more important for improved interoperability than equipment standards, are integrated procedural guidelines that govern the linking and integration of these different systems when joined in an emergency. The CALSIEC mission addresses many of these questions at a local/regional level; PSRSPC is undertaking this effort as well from a State agency perspective. In both circumstances there is a need to consider both the time and

money invested in agencies' current systems and what is needed to augment or replace systems to meet future requirements (i.e. narrow-banding) and interoperability challenges.

Additionally, OHS and OES worked to provide technical assistance and support for interoperable communications through programs such as RapidCom and the Interoperable Communications Technical Assistance Program (ICTAP). Through the RapidCom initiative, first responders and incident commanders in ten high-threat urban areas – including Los Angeles and San Francisco – have the ability to communicate with each other and their respective command centers in the event of a large emergency. Through ICTAP, urban and metropolitan areas have developed TICPs.

2006 Accomplishments:

- ☑ Developed and validated TICPs in California's Urban Areas to enable rapid on-scene, incident-based mission critical voice communications among all emergency responder (e.g., EMS, fire and law enforcement) agencies and in support of NIMS.
- ☑ Developed an on-line statewide system assessment survey for evaluating existing TICPs and Governance Plans, assessing agencies system capabilities & cache supplies, and determining the need for gateway devices throughout the State.
- ☑ Held regional meetings regarding the development of TICPs and other governance structures beyond the Urban Areas, and developed a scope of work for a contractor to develop the State Interoperable Plan with CALSIEC. By the end of 2007, each state must develop and adopt a statewide communications interoperability plan.
- ☑ Developed criteria for future system purchases, explored funding and procurement strategies, and held vendor market survey to help define system standards.
- ☑ Gateway Interim Interoperability Solution:
 - Began selecting hosting locations for gateway communication vehicles and surveying current gateway capabilities.
 - Prepared trailer & radio specifications for bid process – awaiting 2006 grant funding
- ☑ Prepared the PSRSPC Annual Strategic Plan to the California Legislature for 2007
- ☑ Began updating the State Homeland Security Strategy specifying how California proposes to achieve interoperable communications on a regional, State, or multi-State level, in support of efforts to establish integrated regional operational systems.
- ☑ Procured a survivable communications unit to ensure that first responders are able to communicate when all commercial and owned infrastructure has failed.
- ☑ Began procurement of a statewide video conferencing bridge to ensure that the State Operations Center (SOC) is able to communicate in an emergency with all of California's Operational Areas and key emergency response State agencies.
- ☑ CDHS encouraged LHDs to expand local users of its California Health Alert Network (CAHAN) to include other responders in their jurisdictions. Over 3,000 new users were added to CAHAN in 2006.
- ☑ CDHS strengthened primary and redundant communication in its JEOC and backup JEOC through new systems involving video, audio, and radio communications.

Public Health Preparedness Planning

CDHS has statutory and regulatory responsibility for public health and medical services including communicable disease control; environmental epidemiology; drinking water quality, food, drug, and radiation safety; public health laboratories; licensure and certification of health care facilities such as hospitals and nursing homes; health care for special populations; and administration of the Medi-Cal program which provides health care for low income persons. CDHS' mission to protect the health of all Californians provides the underlying strategy for CDHS' emergency preparedness activities. CDHS builds on its core functions in assuring that California's public health/medical services are prepared to respond during catastrophic events. CDHS' objective for emergency preparedness is to create and sustain a medical and public health infrastructure that delivers its core functions and has the capacity to manage emerging threats.

CDHS receives federal funds through cooperative agreements with the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) in HHS. (Los Angeles County receives its funds through direct agreements with CDC and HRSA.) The CDC public health emergency preparedness grant provides funds for State and local health departments to address threats that impact the public health of our residents. Additionally, in 2006, CDC issued two one-time grants to States to undertake preparedness for pandemic influenza. The HRSA grant for the National Bioterrorism Hospital Preparedness Program provides funding for hospitals, clinics, poison control centers, and emergency services agencies to support preparedness for response. CDHS grants from CDC and HRSA fund 57 of California's 58 counties; Los Angeles County receives its funds directly from both federal agencies.

CDHS works in collaboration with the Emergency Medical Services Authority (EMSA) to achieve the goals of the HRSA grant. EMSA's mission is to ensure quality patient care by administering an effective statewide system of coordinated emergency medical care, injury prevention and disaster medical response.

CDHS' Joint Advisory Committee on Public Health Emergency Preparedness (JAC) provides advice to CDHS on public health emergency preparedness. JAC was established in compliance with a federal requirement that State health departments convene a broadly based group of stakeholders to advise on use of federal public health emergency preparedness funds. In 2006, CDHS expanded the function of the JAC to advise on pandemic influenza planning, serving as the federally required pandemic influenza coordinating council. Composition of the JAC includes representatives of providers, LHDs, fire and police, other State emergency response agencies, the American Red Cross and other community groups.

CDHS works closely with OHS and OES in prioritizing preparedness, response, and recovery objectives for California. The Director of CDHS is a member of the GEOEC and the STAC. Both OHS and OES have representatives on the JAC. OHS' *California Homeland Security Strategy* includes strategic objectives for public health and medical care and CDHS' goals and priorities are consistent with those strategic objectives.

Leveraging Resources through State and local coordination

California's structure for managing public health emergencies is shared by CDHS and 61 LHDs. Planning for acts of terrorism, natural disasters, or infectious disease outbreaks requires preparation and close coordination between the two levels of government. California's LHDs are the point of delivery for public health services and in emergencies, they provide response within their capability. CDHS' roles are to coordinate the State's overall public health preparedness and response effort; provide policy direction, technical expertise and consultation; maintain expert laboratory resources; receive information about health threats and direct them to the appropriate program or LHD; facilitate public health alerts and notification; and provide direct response when an event exceeds local capacity.

Both CDHS and LHDs have authority to enforce actions to protect the public's health. Each LHD is required to appoint a physician as local health officer who is statutorily invested with authority to take necessary actions within its jurisdiction to control the spread of disease. These actions can range from ordering and enforcing isolation and quarantine of individuals to seizure and destruction of property and restricting school attendance by teachers and students. At the State level, CDHS has similar authority. This authority has been strengthened by enactment of SB104 in 2005, which authorizes law enforcement to enforce the order of a local health officer or CDHS issued for the purpose of preventing the spread of a communicable disease. In 2006, CDHS issued the *California Health Officers Practice Guide for Communicable Disease Control*, developed by local health officers, local health executives and county counsels to assist local health officials in understanding their role and legal authority during a public health emergency. This document has been recognized by CDC as an example of valuable new public health tools developed by State and local health departments. CDHS also developed and distributed model quarantine and isolation plans and orders to LHDs.

Under the CDC grant, CDHS allocates 70 percent of its grant funds to LHDs to carry out public health emergency planning activities at the local level. Under the HRSA grant, each county determines the lead entity to serve as coordinator for HRSA funded activities in the county. LHDs have first right of refusal to serve as the HRSA entity and 42 LHDs have chosen that option. Many small counties have joined regional consortia headed by two regional EMS programs.

CDHS works closely with OES and OHS to coordinate prevention, preparedness, and response activities. As mentioned above, CDHS is a member of the GEOEC and OHS' STAC group. Both OES and OHS have representatives on CDHS' Strategic Planning Workgroup and JAC. CDHS collaborates closely with EMSA on emergency preparedness activities in the medical sector and shares responsibility with EMSA for health/medical activities at OES' State Operations Center during an event. CDHS and EMSA also share the JEOC to coordinate public health and medical response activities.

Priorities and actions taken since 9/11

CDC and HRSA cooperative agreement funds have enabled California to improve its capacity to provide core public health activities such as planning for public health emergency response and recovery; laboratory testing; and surveillance and epidemiology. CDC and HRSA funds have strengthened public health preparedness resources in the following areas:

Building State and Local Public Health Capacity

1) Public Health Surveillance & Epidemiology

California's ability to rapidly detect a bioterrorism event has improved since 9/11 due to an increase in the number of LHDs that have epidemiologists on staff. For LHDs unable to hire epidemiologists, CDHS has initiated regional sharing of epidemiologists and held training courses in epidemiology functions for public health nurses.

CDHS has coordinated surveillance program development and response planning with federal, State, and local agencies on environmental monitoring systems such as the federal BioWatch and U.S. Postal Service Biohazard Detection System (BDS) that detect and provide early warning of the presence of biological agents in the air and in the workplace. To enhance surveillance, additional potential biologic agents have been added to the list of communicable diseases that clinical providers and laboratories must report to the LHD. Syndromic surveillance activities have begun in 12 counties comprising 72 percent of the State population. These activities primarily include monitoring of emergency department visits, 911 call data, and emergency medical services activities. BioSense, a national surveillance program that collects clinical and laboratory data from all Department of Defense and Veterans Affairs outpatient facilities and all LabCorps laboratories, monitors for syndromic surveillance and situational awareness. Nine California hospitals have started providing real-time clinical and laboratory data to BioSense.

To monitor statewide cases of influenza, CDHS has developed and continues to expand its influenza surveillance system. The system relies primarily on clinical and laboratory data reported by Kaiser Permanente and a network of over 100 private providers across the State that collaborate with CDHS on sentinel surveillance for influenza. A network of 26 LHD laboratories now offers enhanced diagnostic testing to detect several respiratory pathogens, including influenza A and B viruses. The influenza surveillance information is used in national as well as State influenza surveillance.

CDHS continues to coordinate the Early Warning Infectious Disease Surveillance (EWIDS) program with the Mexican government to monitor and detect infectious diseases at the U.S. – Mexico border. EWIDS has four focus areas: Surveillance and Epidemiology Capacity, Laboratory Capacity, Communications and Information Technology, and Education and Training. The EWIDS efforts have led to close working relationships with counterparts in Baja California through participation in monthly epidemiological surveillance committee meetings convened by local jurisdictional epidemiologists in Mexicali and Tijuana. EWIDS worked on a project involving a collaborative effort among agencies at the local, State, and federal levels on both sides of the border to share information about binational infectious

disease cases. EWIDS will be incorporating this information into a binational protocol related to disease outbreak investigations. In the meantime, EWIDS is developing an appropriate process of sharing information across the border in the absence of a formal bilateral agreement. EWIDS, in collaboration with LHDs on both sides of the border, is expanding sentinel and active surveillance for infectious diseases.

Through EWIDS, CDHS has conducted an epidemiology and laboratory capacity assessment within the California-Baja California border region. A gap analysis has been written which will be used to determine next steps. A binational training will be held at the CDHS laboratories to bring laboratory officials from California and Baja California together to learn more about each other's capabilities and discuss future collaborations.

CDHS has convened EWIDS crisis communication committee meetings and drafted a binational Crisis and Emergency Communications (CERC) Plan. CDHS plans to convene binational EWIDS crisis communication committee meetings and finalize the binational Crisis and Emergency Communications (CERC) Plan.

In collaboration with the University of Arizona, CDHS implemented a borderwide training needs assessment under EWIDS. A gaps analysis has been written and will be used to develop a training plan for the border region. In 2006, under the EWIDS program, CDHS collaborated with the University of California, Berkeley, a CDC-funded Center for Public Health Preparedness, San Diego State University School of Public Health, and the Public Health Foundation Enterprises/Women, Infants, and Children (WIC) Program to implement the following training activities, with participation from local, State, and academic public health professionals from the California-Baja California border region:

- Conducted a binational tabletop exercise based on a real-life cross-border infectious disease outbreak to test existing communication and notification protocols.
- Sponsored the Global Emergency Preparedness and Response Program to host the first Public Health Summer Institute on global and border emergency preparedness.
- In collaboration with Public Health Foundation Enterprises/WIC Program, conducted three binational and bilingual workshops for health educators on awareness regarding the risks of listeriosis and other food-borne illnesses.

2) Public Health Laboratory Capacity

Since the original cooperative project grant began in 1999, CDHS has worked with its local laboratory partners and LHDs to develop a LRN made up of confirmatory reference laboratories and sentinel laboratories. These efforts have included training, acquisition of equipment, improvement of local laboratory electronic connectivity statewide, establishment of multijurisdictional "Catchments" to augment the availability of reference capability within and between mutual aid regions within the State, and initiation of a comprehensive laboratory response plan, currently being researched and written. As a result, 15 LHD laboratories have

been upgraded to regional reference laboratories to test for the presence or absence of infectious agents. An additional 22 LHDs have enhanced their laboratory capacity to identify infectious agents. CDHS has also established a mutual aid network among drinking water laboratories to protect California's drinking water supply against terrorism and developed methods to test for toxic chemicals in water.

Laboratory infrastructure is critical to ensuring surge capacity to deal with a disease outbreak such as pandemic influenza or a biological attack. CDHS maintains a State laboratory complex in Richmond where seven laboratories, working in state-of-the-art facilities, conduct activities related to public health events. CDHS has funded new equipment and tests throughout the State to detect the presence of bioterrorism agents.

CDHS' Viral and Rickettsial Diseases Laboratory (VRDL) has the capacity to identify avian influenza strains and subtypes. Training to conduct these tests is being provided to laboratories in 10 LHDs.

CDHS has trained first responders, laboratory staff and others to recognize potential bioterrorism agents and handle them appropriately. In addition, CDHS and LHDs have trained hospital emergency room staff in proper collection, packaging and transportation of human samples to laboratories for chemical agent testing. As part of this effort, CDHS has produced and distributed a DVD titled *Responding to a Chemical Emergency – Collection and Handling of Clinical Specimens*. CDHS conducted training exercises in collaboration with LHDs, hospitals, HazMat teams, law enforcement and the FBI to respond to acts of chemical terrorism and related public health emergencies. To date, over 400 local staff in more than 30 counties have participated in this training.

All Hazards Risk Assessment Laboratory

In 2006, using homeland security funds provided by OHS, CDHS completed the purchase and installation of an All Hazards Risk Assessment Laboratory (AHRAL) on CDHS' laboratory campus. This modular facility enables CDHS to conduct preliminary triage testing of unknown specimens outside the environment of the laboratory facilities, thereby avoiding the risk of contamination of the laboratories. CDHS is currently developing triage procedures for prioritizing intake and testing of specimens and samples prior to laboratory analysis. CDHS labs will assemble and exercise an AHRAL technical advisory group. CDHS laboratories will evaluate protocols in drills and exercises to develop skills and test practical utility of the AHRAL facility.

Laboratory Response Plan

In 2006, CDHS undertook development of a comprehensive laboratory response plan with policies, protocols and procedures to guide statewide emergency laboratory responses, including the need for surge in laboratory capacity. CDHS hired Constella, Inc. to provide expertise in planning, facilitation, solicitation of subject matter experts, assistance in developing laboratory risk communication planning, and safety and security planning tasks and activities. CDHS formed a Steering Committee comprised of CDHS, LHDs, and private stakeholders to guide this effort. The federal, State and local members include

representatives of OHS, OES, California's Division of Occupational Safety and Health,, Department of Toxic Substances Control, Food and Drug Administration, Environmental Protection Agency, California National Guard, Agriculture, environmental labs, hospitals, clinical labs, food testing labs, veterinary labs, university labs, federal labs (Lawrence Berkeley, Lawrence Livermore, and Sandia), and laboratory and emergency training organizations (Peace Officer Standards and Training, UC Berkeley Centers for Infectious Disease Preparedness, Monterey Institute for International Studies.)

Workgroups are addressing topics such as identification of roles and responsibilities; all-hazards sample intake, storage, chain of custody, triage and final disposition; surge capacity planning; hazard-specific safety and security assessment, planning, protocols and tools; partner communications, memoranda of understanding and other agreement templates; and risk communication.

A draft structure has been developed for completion of the response plan. In 2007, CDHS will hold a two-day stakeholders meeting to present progress in all areas, provide a status update and identify issues needing further work.

Strengthening Public Health Laboratory Capabilities

Both CDHS and LHD laboratories are challenged to meet the workforce needs of public health laboratories. As the experienced laboratory workforce reaches retirement age, it is difficult to find qualified individuals to replace them. Of significant concern are the lack of a pool of trained laboratory specialists and low government salaries compared to salaries paid by the private sector. In 2006, CDHS initiated a program to train laboratory workers in public health laboratory functions to develop skills needed at both CDHS and LHD laboratories.

3) Public Health Risk Communication and Information Dissemination

Providing information to the public about actions they can take to prepared for and respond to an emergency is a critical element of emergency management. CDHS has developed an internationally recognized model Crisis and Emergency Risk Communication (CERC) Tool Kit and trained LHD staff in its use. CDHS has also provided CERC leadership training to executives of State agencies on how to communicate with the public during an emergency. In addition, CDHS provided CERC training and spokesperson training to LHDs, hospitals, mental health providers, emergency medical services, and schools.

CDHS has also developed press releases, fact sheets, a web site, hotline messages and other information on biological, chemical and radiological agents and has translated materials and public health messages into 12 languages to communicate with diverse communities in California.

In September 2006, CDHS and OHS cosponsored a Best Practices Summit for Risk Communication to build California's collective capacity to communicate effectively with the public before, during and after a crisis. More than 175 risk communicators, health educators and emergency preparedness specialists representing 44 LHDs participated in the Summit.

4) Training

In 2006, CDHS formed the statewide Preparedness Training Collaborative involving other CDHS programs, other State partners, CDC-funded Centers for Public Health Preparedness and representatives from LHDs to develop a common strategic training plan to build public health and hospital capacity to respond to a public health emergency. This plan focuses on training needs, gaps and priorities for the next three – five years. The Training Collaborative continues to meet several times a year to finalize and operationalize the training plan.

In order to provide ongoing training for LHD public health emergency preparedness staff, CDHS conducted its second annual LHD conference. This two day conference included topics on pandemic influenza preparedness actions and challenges, healthcare surge capacity in California, lessons learned from Hurricane Katrina, SNS, serving special needs populations, risk communications for leaders, and communicable disease updates. Over 150 participants representing all LHDs participated.

Integration with Response Partners: Communications

1) Plans and Procedures

With the development of SEMS and its integration with NIMS, CDHS revised its *Public Health Emergency Preparedness Plan and Procedures* to clearly identify roles and responsibilities during emergency response in order to be consistent with SEMS/NIMS. The Plan, approved by OES in 2005, has specific annexes for such contingencies as activation of SNS. In September 2006, CDHS issued the California Pandemic Influenza Preparedness and Response Plan as an annex to this Plan.

In addition to the CDHS *Public Health Emergency Preparedness Plan and Procedures*, each LHD is required to develop a plan and procedures for general public health emergency response, SNS, epidemiology and surveillance, pandemic influenza, smallpox, and CERC Plan. The development and use of these plans in drills and exercises helps each LHD in its efforts to be prepared for an event.

CDHS Continuity of Government Operations Plan

In 2006, CDHS finalized its *Continuity of Government Operations (COGO) Plan* to maintain mission critical operations in the event of an emergency. The COGO Plan addresses the overall department and specific divisions with mission critical functions and programs in planning for operations under emergency conditions. The objective of the COGO Plan is to mitigate the effect of the emergency on CDHS staff, facilities, and mission so that CDHS can continue essential internal operations and services to the public and external agencies.

LHD Preparedness

To assess local public health preparedness, CDHS contracted for an on-site assessment of each LHD's readiness to respond to events. Governance of this project is conducted by CDHS, the California Conference of Local Health Departments and the County Health Executives Association of California. The assessments are conducted by "peers", a trained team of LHD staff, using a standardized instrument. LHDs receive feedback on the review and are given recommendations on areas needing improvement. This project is expected to be completed in March 2007.

In order to assist LHDs, county counsels, and other local officials in understanding their roles and legal authorities during a public health emergency, CDHS issued *The California Health Officers Practice Guide for Communicable Disease Control* in 2006. This Guide was developed by local health officers, local health executives and county counsels to provide practical advice on the actions that can be taken to stop the spread of disease. The Guide has been recognized by CDC as an example of valuable new public health tools developed by State and local health departments. CDHS has also developed and distributed model quarantine and isolation plans and orders to LHDs.

2) Joint Emergency Operations Center (JEOC)

In order to better coordinate an effective response to public health emergencies, in 2006, CDHS established a state-of-the-art JEOC for CDHS and EMSA. The JEOC is structured to be compliant with both NIMS and SEMS and equipped with primary and redundant communications capability. To assure "Continuity of Operations" under all conditions, a fully equipped backup JEOC has also been established and tested in exercises and drills.

3) Health Alert/Communications & Information Technology

In addition to other primary and redundant communication systems used by CDHS and LHDs, CDHS relies on CAHAN as its primary alerting and notification system to immediately alert LHDs and providers through a secure website. CDHS shares public health emergency response information through CAHAN. During 2006, the number of users on CAHAN expanded from 4,000 to 7,000. This expansion in part resulted from an aggressive training program to train LHD staff in CAHAN use and functionality.

4) Drills, Exercises and Real Events

CDHS conducts and participates in exercises that test CDHS and LHD emergency plans and procedures. In coordination with OHS and other State and local agencies, CDHS participated in the Golden Guardian Exercise in November 2006. In coordination with EMSA, CDHS participated in the Rough and Ready Exercise in May 2006 and the Statewide Disaster Exercise in November 2006. In addition to responding to the scenarios of these exercises through activation of the JEOC, CDHS activated its SNS distribution function. Warehouse operations to receive and distribute the medical supplies and pharmaceuticals to LHDs were exercised and some LHDs exercised dispensing of these supplies to their residents.

CDHS also undertook and participated in tabletop exercises to test preparedness for responding to a pandemic influenza. In October 2006, the Trust for America's Health, a national non-profit health advocacy organization, conducted a tabletop exercise in Los Angeles that was the first in the nation to involve businesses, infrastructure organizations, community and faith-based organizations, and education in addition to CDHS and the Los Angeles County Department of Public Health. First Lady Maria Shriver was a speaker at this exercise.

CDHS has effectively responded to both natural and manmade public health threats. They include suspicious letters, tampering of baby food in Orange County, white powder incidents, SARS, live anthrax at Oakland Children's Hospital Lab, the H2N2 influenza virus sample incident, Fire Storm of 2005, and heat related emergencies in 2006. CDHS' response to the extreme heat included contacting all long-term care facilities in the state to inquire about temperatures inside the facilities and provide advice to those without air conditioning, contacting LHDs for information on heat-related activities in their jurisdictions, and dissemination of information on how to avoid heat-related illnesses. LHDs contacted single-room occupancy hotels to inquire about frail and elderly residents who needed assistance.

5) LHD Comprehensive Application

In order to enable LHDs to begin pandemic influenza planning, SB409 provided State General Funds to LHDs in late spring, 2006. This resulted in LHDs submitting a mid year application for these funds. CDHS conducted regional training sessions for all LHDs on program requirements for the use of these funds and application development.

The receipt of one-time federal pandemic influenza funds and the allocation of General Funds for pandemic influenza led to CDHS' 2006 initiative to consolidate all funding streams into a single application for LHDs. To promote partnerships between LHDs and the medical community and integration of efforts across funding streams, CDHS developed a comprehensive application guidance and agreement which includes funding streams from CDC, HRSA, CDC pandemic influenza funds and State funds. The single LHD agreement for all funding streams enables LHDs to conduct comprehensive planning for all public health emergency preparedness activities and to present an integrated budget to their Boards of Supervisors.

2006 Accomplishments

- ☑ Expanded the use of the California Health Alert Network (CAHAN). During 2006, CDHS doubled the call capacity of the system and added 3000 users (for a total of 7000 users) at the State, regional, county and city levels. Additional users included expanded LHD call down lists, counties, other State departments, and the medical community.
- ☑ Developed a comprehensive CAHAN training package for LHDs which incorporates setting up the roles and capabilities of the local users.
- ☑ Completed a multi-year project to provide teleconferencing equipment, computer network security software and equipment, radios, satellite phones, and satellite internet systems for LHDs.

Specific accomplishments in surveillance and epidemiology include:

- ☑ Expanded the number of LHDs with epidemiologists on staff to medium and small counties.
- ☑ Trained LHD staff on epidemiologic skills.
- ☑ Participated in several exercises and events involving BioWatch air sensors.
- ☑ Worked with federal government on protocols for air quality monitoring at federal sites.
- ☑ Expanded the number of BioWatch sensors deployed and began enrollment of hospitals to provide real-time data to BioSense.
- ☑ Expanded the number and types of syndromic surveillance activities at the county level.
- ☑ Conducted an epidemiology and laboratory capacity assessment within the California-Baja California border region.
- ☑ Implemented an assessment of training needs in the border region. Wrote a gap analysis that will be used to develop a training plan for the border region

Specific laboratory accomplishments include:

- ☑ Established state of the art chemistry laboratory to test for terrorist agents and other toxic chemicals in human samples.
- ☑ Developed procedures for complex testing of human fluids to measure breakdown products of chemicals.
- ☑ Installed the AHRAL to receive and identify unknown samples before taking them into the laboratory facility, thereby avoiding laboratory contamination.
- ☑ Developing a comprehensive laboratory response plan with policies, protocols and procedures to guide statewide emergency laboratory responses.
- ☑ Trained first responders, LHD laboratory staff and others to recognize potential bioterrorism agents and handle them appropriately.

Specific accomplishments in risk communication and information dissemination include:

- ☑ Established risk communication coordinator positions in LHDs and trained them as well as staff of hospitals, mental health programs, schools, and other community agencies in risk communication and spokesperson functions.
- ☑ Delivered public health guidance during emergencies and exercises such as Golden Guardian 2004, 2005, and 2006.
- ☑ Developed informational fact sheets on potential public health threats.
- ☑ Completed simple language versions of fact sheets on smallpox, anthrax, ricin, sarin, plague, botulism, chlorine, tularemia, and isolation and quarantine and translated them into Spanish, Chinese, Tagalog, Vietnamese, Korean, Armenian, Farsi, Russian, Arabic, Cambodian, Hmong and Laotian.
- ☑ Held Best Practices in Risk Communication Summit to share best practices with LHDS and partner agencies with attendance of over 250 participants.
- ☑ Developed Risk Communication Water Workbook modeled after the CERC Toolkit to guide water districts on effective communication in a water system emergency.

- ☑ Trained Executive Staff of CDHS and other State Agencies on CERC: For Leaders by Leaders.
- ☑ Provided train the trainer sessions on risk communication to LHDs.

Specific accomplishments in public health preparedness planning include:

- ☑ Improved management and processing of applications to expedite funding to LHDs.
- ☑ Trained CDHS and LHD staff and health care facility personnel in public health emergency preparedness, response, and recovery.
- ☑ Participation of local health officers in OHS' Operational Area planning groups. Exercised response plans at both CHDS and LHD levels.
- ☑ Drafted a statewide training plan for emergency preparedness which focuses on building State and local public health and hospital capacity to be able to respond in an emergency.
- ☑ Held a Statewide broadcast presentation on Public Health Law with corresponding tabletop exercise, covering the legal authority and obligations of public health officials in California in a public health emergency.
- ☑ Developed CDHS overall and division level COGO Plans.

Specific accomplishments in operation of the JEOC include:

- ☑ Developed operating procedures for each position in the JEOC.
- ☑ Trained CDHS staff in SEMS, NIMS, and emergency response duties.
- ☑ Conducted exercises to test the JEOC.
- ☑ Operated the JEOC during events, including the release of H2N2 virus laboratory samples, Hurricane Katrina, extreme heat, and analyses of suspect specimens.
- ☑ Established redundant communication systems within JEOC.

Strengthening Mass Prophylaxis and Medical Surge Capacity

Emergency Pharmaceutical Management/Distribution and Mass Prophylaxis

Since 9/11, the supply and accessibility of emergency pharmaceuticals and medical equipment has been enhanced at both the State and local level. To manage the State's emergency response capabilities of antivirals, vaccines, and other pharmaceuticals, CDHS established the Emergency Pharmaceutical Services Unit with responsibility for all activities related to California's access to pharmaceutical during an emergency. Included in the efforts of the Emergency Pharmaceutical Services Unit are:

Strategic National Stockpile (SNS): California must be prepared to receive, distribute, and dispense pharmaceuticals and medical supplies that CDC will provide to California during an event so catastrophic that the State's needs exceed available supplies. CDHS, working with the California Highway Patrol, OES, OHS, the California Department of Food and Agriculture, and other State agencies, has developed procedures to rapidly open and operate warehouses that receive the federal assets and distribute them to LHDs for dispensing to California residents.

CDHS oversees LHD plans for rapid distribution of pharmaceuticals and medical supplies within their jurisdiction and dispensing pharmaceuticals to the community through mass prophylaxis strategies. These strategies include establishing PODs where emergency pharmaceuticals can be provided to the public. Since 9/11, each LHD has developed a local SNS Plan.

Cities Readiness Initiative (CRI): In the event of an attack of aerosolized anthrax or other highly infectious disease, it is essential that California be able to distribute antibiotics to the impacted population as quickly as possible. In anticipation that such an attack is most likely to occur in an urban setting, CDC has designated funds for urban areas to develop procedures to distribute antibiotics to the entire population within 48 hours of the attack. In California, 18 LHDs (including Los Angeles) receive CRI funds. LHDs have developed strategies to establish PODs quickly, manage crowd control, provide security, and implement other strategies to quickly dispense pharmaceuticals.

Purchase of Antivirals: The threat of an influenza pandemic is made greater by limited medical interventions to address this disease. HHS has indicated that when the virus causing the pandemic is identified, it will support development and production of a vaccine that it will make available throughout the U.S. It is expected that there will be a time lag between pandemic onset and vaccine availability and limited supplies of vaccine will initially be available until production ramps up. Until the full population is immunized, antivirals are the only medical resource available to lessen the impact of the influenza. CDC recommends that states assure sufficient antivirals for 25 percent of the State population. Twenty five percent of California's population, including Los Angeles County, is approximately 9.2 million persons. The federal government has stockpiled 5.3 million treatment courses of antivirals for

California and the 2006-07 State Budget provided General Fund monies for California to purchase 3.7 million courses of antivirals to provide 5-day treatment courses in the event that the virus is not contained.

Chempack

CDHS is the lead State agency responsible for the placement of large federal caches of nerve agent antidotes within California. Chempack caches contain life-saving medication that would be urgently needed to effectively respond to either a nerve agent attack or a large organophosphate pesticide exposure. Chempack caches are placed at the community level, so that if this material is ever needed, it will be available for immediate deployment by local emergency responders (either traditional first responders in the field or hospital emergency room personnel). CDHS has been working in collaboration with CDC and local emergency response agencies and hospitals to place these caches of medication in multiple locations statewide.

Strengthening Healthcare Surge Capacity

1) Enhancing Preparedness of the Medical Care Sector

Governor Schwarzenegger's 2006 healthcare surge initiative is directed toward the need to expand medical care during emergencies. This initiative is based on metrics determined in a survey of 324 California hospitals in 2006.

Building the capacity of the medical care sector to respond to emergencies began in 2002, with the advent of the HRSA grant program. Based on self-assessments of local needs and priorities, HRSA grant funds have strengthened the medical care system through acquisition of temporary shelters, generators, cots, isolation capacity equipment, pharmaceutical caches, personal protective equipment for hospital staff and first responders, decontamination systems, trauma and burn caches, and communication systems. Examples of these efforts include development of over 100 new isolation beds in San Francisco and San Diego Counties; equipping each California hospital with a minimum of 10 Personal Air Purifying Respirators; training hospital and clinic staff on the Hospital Incident Command System (HICS); equipping trauma and burn centers throughout the State with trauma and burn caches; developing templates for emergency preparedness plans and protocols for community clinics; and participation of hospitals, clinics and other surge partners in statewide emergency response drills and exercises.

In addition, HRSA funds have provided a mechanism to build relationships between medical care sector partners and have strengthened relationships between medical care and public health. Preparedness planning at the State, regional and local level among all of these partners is underway.

Hospital Preparedness Conference

In 2006, CDHS and the California Hospital Association co-sponsored the *Disaster Planning for California Hospitals* conference with over 600 attendees from hospitals and LHDs. This conference, the largest in the nation and the first in California, focused on training hospitals in preparing for disasters.

Hospital Incident Command System (HICS)

EMSA, in conjunction with a national work group of subject matter experts, revised HICS to be NIMS compliant in 2006. . The work group included representatives from US-DHS, HHS, the American Hospital Association, and the Joint Commission on Accreditation of Healthcare Organizations. CDHS has contracted with the California Hospital Association to train hospital staff in HICS during 2007.

Identification of Medical Staff

ESAR-VHP: EMSA is developing a registry for healthcare providers willing to volunteer in emergencies. In February 2006, EMSA implemented a six-month pilot project to test an automated system to register medical volunteers. The pilot project included physicians, registered nurses, paramedics, and pharmacists. The pilot project successfully registered 300 volunteers into the system in which licenses were verified. Since August 31, 2006, EMSA has extended the pilot project until a final ESAR-VHP system is procured and installed.

Initial meetings were held by EMSA with Los Angeles County to facilitate integration of the Los Angeles County's ESAR-VHP system into the statewide ESAR-VHP system.

Medical Reserve Corps (MRC): Local entities have used a variety of federal funding sources to support MRCs, teams of medical and public health volunteers who trained together and can be deployed during an emergency. EMSA has worked on standards and qualifications for consistent establishment of Medical Reserve Corps and reviewed and approved six new MRC applications, bringing the State total of MRC units in California to 32.

2) Building Surge Capacity

Although local HRSA entities have conducted community level self-assessments of surge capacity in acute care hospitals over several years, planning for a pandemic or catastrophic event of the magnitude such as Hurricane Katrina requires surge capacity be available throughout the State, on a regional level, and at the county level.

In December 2005, CDHS established a Surge Capacity Data Workgroup to collect consistent data from healthcare providers throughout the State. With advice and recommendations from medical providers and other stakeholders, CDHS developed standardized definitions for assessing the surge capacity that exists in California's healthcare facilities. These definitions identified assumptions concerning the environment under which facilities would be operating such as issuance of a Declaration of Emergency; that 30 percent of facility staff are not at work; and that all elective admissions were halted. In February 2006, CDHS issued the California Healthcare Surge Capacity Survey to all hospitals, LHDs,

emergency medical services agencies and clinics in California. CDHS used HRSA benchmark of 1 bed per 2000 population to measure current surge capacity for a moderate event (regional earthquake, fire, terrorist event) and used CDC's FluSurge 2.0 modeling software to measure surge capacity for a catastrophic event such as a pandemic. The HRSA benchmark indicated that California requires 18,405 acute care beds to respond to a moderate event and 58,723 acute care and critical care beds and over 30,000 ventilators to respond to a pandemic. The survey identified that many California hospitals lack planning and resources needed to treat patients during surge emergencies and indicated gaps in such areas as available critical care beds, pediatric beds, ventilators, N-95 respirators, antibiotics, and training and exercises.

In order to address the gaps identified in the Survey, in May 2006, the Schwarzenegger Administration proposed a healthcare surge capacity initiative. The 2006-07 State budget includes \$214 million to address these gaps, including 3.7 million treatment courses of antibiotics, 2,400 ventilators, 50 million N95 respirators, three 200-bed mobile field hospitals, and supplies and equipment for 21,000 alternate care site beds. Also included are funds to develop standards and guidelines for healthcare delivery during surge events and update hospital emergency and infection control regulations.

The development of standards and guidelines for delivery of healthcare during emergencies has been identified as one of the primary challenges to healthcare facility surge planning. In an environment where the delivery of health care is highly regulated, hospitals and other healthcare facilities need information on expectations for delivery of care in a surge scenario. Given the need for robust surge planning at both the healthcare facility and community level, these guidelines are important for defining what healthcare delivery will look like under various emergency scenarios and allow for more robust surge planning. The FY2006-07 budget provided \$5 million in General Funds to develop standards and guidelines for healthcare delivery during surge events. CDHS contracted with PricewaterhouseCoopers to undertake this project during 2007. CDHS is incorporating broad stakeholder involvement in developing standards such as facility and worker liability, reimbursement, operation of alternate care sites, and surge plan templates for healthcare facilities and communities. This project will include operational tools and templates for use at the facility and community levels.

The large number of acute and critical care beds needed during a pandemic cannot be met by California's hospitals, which currently operate approximately 73,000 acute care beds. During a catastrophic event, it may be necessary to operate Alternate Care Sites in schools, armories, or other non-medical facilities. In order to assure necessary supplies and equipment for Alternate Care Sites, CDHS convened a workgroup of experts to ensure that supplies and equipment purchased to supply Alternate Care Sites meet the needs of all hazard events and pandemic influenza. The workgroup developed a list of supplies and equipment that will provide healthcare delivery within Alternate Care Sites for 8-10 days. CDHS has worked with hospitals and LHDs to establish a system of regional stockpiles that will be managed by CDHS and stored in CDHS-run warehouses located regionally throughout the State.

2006 Accomplishments

Specific accomplishments in mass prophylaxis and distribution of pharmaceuticals include:

- ☑ Identified warehouses for CDHS to receive and store pharmaceuticals and medical supplies and ship to local dispensing sites during an emergency.
- ☑ Established protocols and trained staff to operate warehouses.
- ☑ Established protocols to manage storage and distribution of pharmaceuticals.
- ☑ Developed a risk communication plan to inform the public on how to receive vaccinations, pharmaceuticals, or medical supplies during an emergency.
- ☑ Conducted mass vaccination clinic exercises in communities to determine effective ways to immunize large populations.
- ☑ Developed plans to locate Chempack containers in communities for use in response to nerve agent attacks.
- ☑ Developed community plans for rapid distribution of pharmaceuticals including identification and equipping POD sites, assuring security for PODs, and staffing POD operations.

Specific accomplishments in health care preparedness include:

- ☑ Provided personal protective and decontamination equipment and pharmaceutical caches for health care facilities.
- ☑ Advised counties in conducting self-assessments and documenting of local resources for expanding patient care during an emergency.
- ☑ Funded training of health care facility staff in potential terrorist situations.
- ☑ Trained clinics in incident command.
- ☑ Conducted and completed the California Healthcare Surge Capacity Survey to identify surge resources and gaps in surge capacity and strategies for addressing the identified gaps. This surge initiative resulted in the 2006-07 Budget Act appropriation of \$214 million for increasing surge capacity.
- ☑ Purchased surge supplies including 50 million N95 respirators, 2,400 ventilators, and 3.7 million courses of antivirals through federal cost-sharing program.

Preparing for Pandemic Influenza

California's all hazards approach to emergency planning better prepares California to respond to a pandemic influenza. Additional activities specific to Pandemic Influenza include the following:

CDHS Pandemic Influenza Plan

Planning for a pandemic influenza remains a top priority of the federal government and of the Schwarzenegger administration. The Governor's Cabinet Secretary directed State agencies to undertake pandemic planning, participate in planning workgroups, and develop pandemic plans for both continuity of operations and program response, in collaboration with CDHS plans.

CDHS issued its *Pandemic Influenza Preparedness and Response Plan* in September 2006, following a period of public review and comment. This strategic plan is now being supplemented with operational level procedures. This plan is being coordinated with the healthcare surge initiative and development of the surge standards and guidelines.

Implementation of preparedness for pandemic influenza includes the following activities:

- CDHS and CDFA collaborated to plan for appearance of avian influenza in California.
- CDHS has disseminated guidelines for management of any cases of avian influenza in humans.
- CDHS laboratories continue to coordinate and expand capacity of the LRN in LHDs.
- CDHS is working with the California Hospital Association to implement the requirement of SB 739 (Healthcare Associated Infections and Hospital Infection Control) that hospitals develop pandemic influenza response plans. This will be supported by the healthcare surge standards and guidelines project that will develop templates for hospital emergency preparedness and response.
- Following release of the CDHS pandemic plan, federal recommendations for infection control for health care workers were increased to a higher standard, consistent with those of California.
- CDHS is working with the Department of Mental Health to develop a behavioral health plan for major emergencies, including pandemic influenza.

Pandemic Influenza Summit

On March 30, 2006, Governor Schwarzenegger and HHS Secretary Leavitt convened a statewide summit on pandemic influenza attended by over 600 representatives from business, medical professionals, school officials, and State and local government. The summit focused on identifying the significant impact of a pandemic and initiating planning to prepare for and mitigate a pandemic.

Decision Analysis Scoring Tool

CDHS, in collaboration with the JAC Subcommittee on Pandemic Influenza Vaccine and Antiviral Prioritization Strategies, is developing the DAST for prioritization of vaccine in a pandemic influenza. This goal of this tool is to develop a systematic, justifiable, flexible, and transparent prioritization planning process. It analyzes multiple goals, criteria, and alternatives to evaluate target groups along competing vaccination criteria and assigns a numerical score to each group based on how well it matches the criteria. The DAST produces a rank-ordered list of target groups that can be evaluated and implemented to build an optimal vaccine implementation strategy. This will help standardize distribution of limited resources across specified target groups. The tool has been field tested among representatives of critical infrastructure occupational groups in California. Currently, HHS is reviewing DAST as it considers revision of federal vaccine prioritization guidelines and will conduct field testing of the scoring tool through focus groups that include public and occupational representatives.

CDHS Pandemic Influenza Tabletop Exercises

CDHS has conducted several pandemic influenza tabletop exercises during 2006. In October 2006, the nation's first pandemic flu exercise brought together multiple layers of government and leaders from the private sector and community-based organizations. Organizers of the exercise, the Trust for America's Health, commended the State and said, "We believe that California is at the forefront of pandemic influenza preparedness nationally."

Local Pandemic Influenza Exercises

As a condition of receiving grant funds, LHDs are required to conduct and participate in local and regional pandemic influenza drills and exercises. Since January 2006, LHDs have conducted or participated in 49 (19 percent of the total number of LHD drills and exercises conducted in 2006) pandemic influenza drills or exercises. They include mass prophylaxis, school closure decision making, law enforcement coordination in isolation and quarantine, epidemiology and surveillance, and Emergency Operations Center operations during a pandemic. Additional drills and exercises are scheduled for 2007.

PRIORITIES FOR 2007

- ☒ **Establish the Department of Public Health (DPH) on July 1, 2007 in order to strengthen California's Public Health Emergency Preparedness**

In signing SB 162 which establishes the DPH, Governor Schwarzenegger stated his intent that this action strengthen California's public health emergency preparedness. The establishment of a department focusing specifically on public health with its top priority being emergency preparedness will enhance California's readiness to respond to natural and terrorist events. Implementation of the new DPH will be a primary focus in 2007.

☒ **Assure that California is prepared to detect, respond, and recover from the devastating effects of a pandemic influenza**

One of the most important public health issues facing California is the threat of pandemic influenza. Pandemic influenza could have devastating worldwide consequences that extend beyond the health and medical systems into every sector of society. California, with its multiple international ports of entry, may be one of the first states affected by a pandemic influenza outbreak. A high priority for 2006 is to ensure California is prepared to respond to a pandemic influenza if it occurs.

- **State Operational Pandemic Influenza Plan**

In preparation for an influenza pandemic, in 2006, CDHS issued its revised *Pandemic Influenza Preparedness and Response Plan*, an annex to CDHS' overall *Public Health Emergency Response Plan and Procedures*. A priority for 2007 is operationalizing and exercising this plan at both the State and local levels. Pandemic planning will require strong partnering between CDHS, LHDs, tribal entities, cross-border partners, and the medical community in diverse functions such as serving special populations, developing notification procedures for positive events, expanding CAHAN to include all healthcare facilities, and assuring laboratory surge capacity.

- **Conduct regional pandemic influenza trainings for local health departments and healthcare facilities**

In collaboration with four of California's Academic Centers for Excellence, CDHS will conduct a series of regional training programs for LHDs, including pandemic influenza planning and response, mental health crisis management, risk communication, spokesperson training, just-in-case curriculum addressing pandemic preparedness for the public health workforce, surge capacity and operation of alternate care sites, special/vulnerable population needs during a pandemic, and community and business involvement in pandemic planning. These trainings will be held from March to August 2007 in each of California's six mutual aid regions.

☒ **SNS Planning**

CDHS has completed a comprehensive SNS plan, and will continue to refine this plan based on findings during drills and exercises. CDHS will continue its work with LHDs in refining local SNS plans, including those participating in the CRI program. As noted in the exercise plan, California will continue to hold statewide, regional and local exercises testing the distribution and dispensing of pharmaceuticals. State and local SNS plans will be revised based on findings reported in after action reports.

☒ **Assure that California has sufficient capacity to provide needed hospital care during a catastrophic event, whether of short or long duration**

Assuring surge capacity requires having available beds, medical staff, and medical equipment that can be activated when necessary. During an emergency that results in a large number of casualties, it may be necessary to operate alternate care facilities such as schools that can be used to provide a less complex level of care if health care facilities are overwhelmed by the demands of an emergency situation.

Priorities include:

- Increase surge capacity at healthcare facilities and alternate care sites: The overall goal is to increase surge capacity by 21,000 beds by August 2007. CDHS will support the expansion of surge capacity within healthcare facilities through assistance with planning, training and exercises, and will build additional surge capacity beyond healthcare facilities through community surge planning and the purchase of supporting supplies and equipment. As alternate care sites will vary in the level of care delivered, CDHS will purchase caches of supplies and equipment for both the provision of general first aid and acute care including items from cots to more advanced equipment such as monitors. CDHS will manage regional stockpiles of the purchased supplies and equipment. EMSA will purchase three 200-bed mobile medical facilities.
- Develop standards, guidelines, and operational tools for healthcare delivery during surge events: State funds will be used to rapidly develop standards, guidelines, and operational tools to assist hospitals and healthcare facilities in effective surge planning. This project will address barriers to surge planning, including legal and regulatory issues associated with altered standards of care, scope-of-practice modifications, reimbursement and liability issues, and development of templates and guidance to assist HCF personnel in creating and exercising surge plans. CDHS will include broad stakeholder involvement in the project workgroups and has established a website to post documents and collect additional stakeholder comments.

☒ **Secure Sustained Funding for Public Health Emergency Preparedness**

To be prepared to meet and sustain the demands of a catastrophic event, including the duration of a long term event such as pandemic influenza, funding to maintain response and recovery operations must be adequate and secure. Federal funding for public health emergency preparedness is diminishing. In 2004 and 2005, all states received 20 percent less in CDC funds than in 2003. The 2006 CDC appropriation for State and local health departments is reduced 16 percent from current levels, resulting in reduced activities at the State and local levels.

In 2006-07, this reduction was offset by a national appropriation of \$350 million for State and local health departments to prepare for a pandemic influenza. However,

this one-time appropriation does not reverse the trend of declining federal funds for public health emergency preparedness.

At the same time that federal bioterrorism grants are shrinking, CDC has expanded the responsibilities that states must address: from 1999 – 2004, CDC directed states to spend funds solely on biological (infectious) agents involved in terrorist-generated activities. In 2005-2007, CDC expanded states' scope of responsibility to "all hazards" including natural events as well as chemical, radiological, and nuclear events but provided no additional resources to cover this expanded scope of response. This combination of reduced funding and expanded scope of responsibility will challenge CDHS and LHDs to maintain the current level of preparedness and response to public health threats and significantly impede efforts to improve preparedness.

Recently enacted federal legislation, S. 3678, which reauthorizes both the CDC and HRSA Cooperative Agreements, makes significant changes to each programs. These include placement of responsibility for all public health emergency preparedness programs under HHS, development of new performance measures, cost sharing by states, penalties on states for failure to meet performance measures, and reporting statewide data. Implementation of S.3678 is being developed at the federal level at this time.

☒ **Coordinate Public Health and Medical Care in an Integrated Approach to Emergency Preparedness**

CDHS continues to place a high priority on coordination between the public health and medical care sectors in preparing, responding, and recovering from any emergency. The development of standards and guidelines for healthcare delivery during surge will further strengthen the coordination between public health and the medical community. Additionally, through work with OHS, OES, and other agencies, CDHS will continue its efforts to strengthen relationships between emergency management of public health/medical care and other sectors of the emergency management program.

Implementing the National Infrastructure Protection Plan – Deterring Attacks

Another key component of California's Homeland Security Strategy is the protection of critical infrastructure and key resources. Critical infrastructure and key resource sites are potential terrorist targets deemed most crucial in terms of national-level public health and safety, governance, economic and national security, and public confidence consequences.

The critical infrastructure sectors that will populate the National Asset Database include: agriculture and food; banking and finance; chemical and hazardous materials industry; defense industry base; energy; emergency services; information technology; telecommunications; postal and shipping; public health; transportation; water; and national monuments and icons. Key resources include: commercial assets; government facilities; dams; and nuclear power plants.

These infrastructure systems support every aspect of the daily lives of more than 36 million Californians. Whether it's an earthquake, fire or blackout, history has shown time and again how an interruption of California's vast and intricate infrastructure systems resounds quickly and strongly throughout the State, nation and the world.

As much as 80 percent of the State's infrastructure systems is owned and operated by the private sector. For this reason, protection of these assets and resources requires an unprecedented level of cooperation between California's public and robust private sectors.

In order to address this need for cooperation, pursuant to HSPD-7, US-DHS released a final National Infrastructure Protection Plan (NIPP) on June 30, 2006. The Plan laid out a framework to define the new roles and responsibilities needed to design a new partnership among government, private industry, trade associations and tribal partners.

To facilitate the accomplishment of HSPD-7 and the NIPP, California has designed a three-pronged approach to critical infrastructure protection. While these measures are detailed in the State's Homeland Security Strategy, these programs identify, assess and protect California's wealth of infrastructure resources.

California is committed to:

- 1) Identifying critical sites throughout California by continuing to work with our industry and Government partners;
- 2) Assessing these sites to identify vulnerabilities; and,
- 3) Addressing the vulnerabilities of these critical infrastructure and assets through all available sources in a collaborative environment in which federal, State, local and tribal governments and the private sector can better protect the infrastructure and assets they control.

In August, 2006 OHS assisted the State's public and private sectors in overcoming a threshold security issue. At that time, California became among the nation's first PCII accredited entities, enabling private industry to voluntarily share their sensitive and proprietary business information with the public safety community with the assurance that the information, if it satisfies the Critical Infrastructure Information Act will be protected from public disclosure through the Freedom of Information Act, State and local disclosure laws, civil litigation proceedings and unauthorized use.

This credentialing process addressed fundamental issues about who should share what critical infrastructure information, when, how, why and with whom. Overcoming these concerns, including questions about how such sharing could lead to allegations of price fixing, restraint of trade, antitrust, proprietary information, or reveal weaknesses or vulnerabilities, has become the centerpiece of progress being made to protect such information from inappropriate or accidental disclosure.

In conjunction with PCII accreditation, California continues to develop the Constellation/ACAMS program, a national US-DHS pilot program that provides a comprehensive resource for the collection and effective use of critical infrastructure asset data, vulnerability assessments, protection information and incident response and recovery plans. ACAMS is a secure, interoperable, web-based information data base that allows users to inventory critical assets by geographical area and provides situational awareness through an online and secure information portal.

The Constellation/ACAMS program has been incorporated into the statewide infrastructure protection strategy. Training for public safety personnel throughout the State is ongoing, and to date hundreds have been trained and are actively using the system.

OHS has also worked closely with private site owners and operators to take full advantage of vulnerability assessment resources that are now available to develop comprehensive protection strategies. Projects such as Risk Analysis and Management for Critical Asset Protection (RAMCAP), Homeland Operational Planning System (HOPS) and the Full Spectrum Integrated Vulnerability Team (FSIVA), work closely with the FBI, US-DHS Protective Security Advisors and the State's Regional Terrorism Threat Assessment Centers to coordinate public and private sector capabilities to protect and respond to possible terrorist threat or incidents.

2006 Accomplishments

Specific Accomplishments to protect critical infrastructure include:

- ☑ Facilitated the training and "roll-out" of US-DHS's Pilot Program, ACAMS inventory database to law enforcement and other members of the first responder community.
- ☑ Attained PCII Program accreditation to enable private industry to voluntarily share sensitive and proprietary business information with the government.
- ☑ Coordinated the integration of US-DHS's Protective Security Advisor program with State and local organizations.

- ☑ In coordination with US-DHS, prioritized critical infrastructure site list for California's 2006 BZPP for a total allocation of \$5,835,000 for planning and equipment allocation.
- ☑ Began site verification for 2006 Chemical Sector Buffer Zone Protection Program for California's \$6,597,00 of federal funds.
- ☑ Collaborated with CREATE, the first university center of excellence funded by US-DHS to achieve maximum leverage of homeland security resources.
- ☑ Initiated unprecedented collaborative working relationships among each of the State's 13 Critical Infrastructure and four Key Resource sectors.
- ☑ Developed and maintained a full range of capabilities to identify, prioritize and protect critical infrastructure and key resources.
- ☑ Increased OHS Critical Infrastructure Protection Section resources to include Regional Coordinators, Sector Contacts and Program Managers.
- ☑ In partnership with the Operational Areas (OAs), managed the completion of more than two hundred (200) Buffer Zone Protection Plans, on critical infrastructure sites deemed eligible for grant funding to enhance physical security and improve emergency response.

Enhancing Maritime Security

Securing California's seaports is a priority for the Administration. The Administration has taken several actions to enhance federal and local initiatives to secure our ports. The Governor has: established the California Maritime Security Council; successfully fought for a greater share of federal port security funds and the passage of the SAFE Port Act; secured \$100 million in port security grant with the passage of proposition 1B; allocated \$5 million to port security from the Homeland Security grant program; partnered with the California Maritime Academy to develop and deliver specialized maritime security courses; directed the OHS to participate in California's three Area Maritime Security Committees chaired by the US Coast Guard and is proposing to utilize \$6 million in the Antiterrorism Fund to further enhance security at our ports.

California Maritime Security Council and Port Security Funding Needs

California has demonstrated initiative and leadership in addressing port security issues through efforts including the establishment of the CMSC, dedicating additional funding for securing California's ports, and collaborating and sharing information with port security stakeholders. The CMSC will consider a number of issues this year including the recent US-DHS port funding announcements, the allocation of the \$100 million in port security grants from Proposition 1B and implementation of the Transportation Worker Identification Credential (TWIC) program. In an assessment conducted in FY 2006, California port security stakeholders estimated that approximately \$85 million was needed to address short-term port security needs, not including those costs associated with construction, operational, and maintenance projects. As TWIC program regulations had yet to be released, TWIC program implementation costs were not factored into the \$85 million projection. The CMSC will work to refine this estimate and will also consider capital improvements and longer term needs.

The TWIC program is designed to add an additional layer of security by establishing a standardized process for issuing identification credentials to transportation workers. Transportation workers would use TWIC to access secure areas of transportation facilities. TWIC verifies the holder's identity by linking the individual's claimed identify and background information to the holder's biometric information stored on the card. The Ports of Long Beach and Los Angeles were awarded a federal grant in FY 2006 to plan for the full implementation of the program and identify logistical issues and best business practices. The CMSC will be working with the ports to identify costs and resources required to comply with this federal program.

Port Security Funding

The US-DHS Infrastructure Protection Program is a primary funding mechanisms designed to strengthen the Nation's ability to protect critical infrastructure ranging from mass transit to seaports. Port Security Grants specifically provide funding to reduce the risk of successful attacks against critical port infrastructure.

In FY 2006, California saw its share of port funding sharply decline following a US-DHS decision to provide no money to the Port of Oakland, the nation's fourth busiest port. Following that decision Governor Schwarzenegger and other State officials criticized US-DHS for shortchanging California ports. In September 2006, Governor Schwarzenegger sent a letter to Congressional leadership asking them to ensure that federal grants to improve port security are allocated based on an accurate assessment of risk and needs. The pressure from Governor Schwarzenegger, port officials and members of California's congressional delegation to correct flaws in the funding analysis led to a significant change to the 2007 port security grant guidance.

On January 9, US-DHS announced that a number of California Ports will receive an increase in federal homeland security funding in 2007. The announcement signaled a significant change to US-DHS' much criticized port security allocation of 2006.

First, Tier 1 port regions such as Los Angeles/Long Beach and the Bay Area will not have to compete for funds but instead will receive a determined allocation immediately rather than having to go through an application process. In many cases, such as in the Bay Area, multiple ports have been grouped together to reflect geographic proximity, shared risk and a common waterway. Nationally, eight port regions have been identified as Tier 1. The changes mark a significant improvement for California ports.

California's two major commercial port regions, Los Angeles/Long Beach and the Bay Area will see a significant increase in funding over last year. Bay Area Ports (San Francisco, Oakland, Stockton and Richmond) will see a \$10 million increase in funding -- from \$1 million combined to over \$11 million combined. The ports of LA and Long Beach will receive an increase of nearly \$3 million -- from \$12 to \$14.7 million. San Diego, a Tier 3 port which received only \$139, 000 in 2006, will be eligible to compete for a share of \$30 million as will Port Hueneme.

From FY 2003-2007, California ports have received over \$164 million in federal port security grants from US-DHS. In FY 2007, our ports will receive at least \$26 million. Funds are used to enhance security by providing ports with patrol boats, surveillance equipment, and command and control facilities.

Screening and Inspecting Cargo Containers

Prior to 9/11, approximately two percent of the nation's cargo was screened and virtually none was screened for radiation. Currently, approximately 267 RPMs are deployed at our nation's seaports and 14,000 handheld detection devices are in use. By the end of 2006, 75 percent of the nation's seaborne cargo will be scanned by RPMs. By the end of 2008, that number will increase to 98 percent. US-DHS has awarded contracts for the production of next-generation RPMs and a limited number of units will be tested at ports of entry over the next six to nine months. The CMSC will be reviewing the placement of RPMs in California and identifying gaps that will warrant additional deployment in the maritime system.

The US-DHS's National Targeting Center (NTC) provides tactical targeting and analytical research support for CBP anti-terrorism efforts. The NTC currently accesses information for 100 percent of U.S. bound cargo in order to identify, inspect, and reject potentially high-risk cargo before it can enter the country. Experts in passenger and cargo targeting at the NTC operate around the clock using tools like ATS to determine any potential national security risk before cargo enters the U.S.

The Container Security Initiative (CSI) was established post 9/11 to physically inspect high risk containers before they are loaded on board vessels destined for the U.S. Through CSI, U.S. Customs and Border Protection (CBP) inspectors are placed at the world's top seaports where they work with their foreign counterparts to screen and label "higher-risk" or "low-risk" cargo before it is shipped to other ports. The CSI program also calls for using "tamper-evident" containers. By the end of this year, more than 50 ports accounting for over 90% of maritime containerized cargo shipped to the U.S. will be part of the initiative.

In another initiative, the Customs-Trade Partnership Against Terrorism (C-TPAT), the US-DHS partners with more than 5,800 global businesses who have agreed to take necessary steps to improve supply chain security and pre-screen all cargo before entering the U.S.

The US-DHS has also implemented the 24-Hour Rule which requires electronic transmission of advance cargo manifests from U.S. bound sea carriers one day in advance of loading. Early industry reports show that this rule is aiding productivity as well as security. The information provided by the 24 Hour Rule is then run through the Automated Targeting System (ATS). This information is vetted against law enforcement data, latest threat intelligence, and the ships' history.

The U.S Coast Guard (USCG) created port security teams to assess over 60 strategic port locations. USCG also completed special assessments on several classes of vessels including ferries, liquefied natural gas vessels, certain dangerous cargo barges and single skin tank vessels. The USCG also developed a port security risk assessment tool to assess and establish risk-based profiles.

Recently, the US-DHS's Domestic Nuclear Detection Office (DNDO) completed the first global nuclear architecture and announced contract awards for new radiation detection technologies. DNDO has also completed performance testing for mobile, handheld, backpack, and portable radiation detectors (PRDs) detection systems, and issued broad agency announcements for transformational research and development.

The United States Congress is also considering legislation that would mandate every cargo container destined for entry into the United States being physically inspected prior to its arrival. H.R. 1, the *Implementing the 9/11 Commission Recommendations Act*, was approved by the House of Representatives on January 9, 2007 and is being reviewed by the US Senate.

2006 Accomplishments

- ☑ Governor Schwarzenegger established the CMSC on October 12, 2006, through Executive Order S-19-06. The Council will address the need for expanded coordination and information sharing between the federal, State and local governments at our ports. CMSC membership will include officials from OHS, the USCG, the Business, BT&H, National Guard, U.S. Navy and other agencies, as well as Directors of California's major ports and representatives from labor and business communities.
- ☑ OHS continues to participate as a member of the three Area Maritime Security Committees that have been established in California (Northern California, Central California Coast and San Diego). These Committees are chaired by USCG, Captains of the Port. It is the responsibility of these Committees to identify and build awareness of potential threats to port areas, to protect the ports through improved security procedures and communications, and to implement security procedures to decrease port vulnerabilities.
- ☑ The San Diego Sector Command Center-Joint (SCC-J) is a joint operations center partnership between the Navy, the Port of San Diego, and the San Diego Harbor Police. The SCC-J is active 24/7 and will merge local and federal monitoring and surveillance systems for vessels, swimmers, and divers. This and a similar center in Norfolk, VA are the first in the nation to have this type of federal and local cooperation to maximize port security communication and collaboration.
- ☑ Secured \$100 million in port security grants to be distributed for port, harbor, and ferry terminal security improvements.
- ☑ From August 15-17, 2006, OHS hosted a Transportation Infrastructure and Maritime Forum with the U.S. Eleventh Coast Guard District regarding "Moving the Safety and Security of California Forward". Attendees discussed building security partnerships with the Transportation sub-sectors, port recovery planning and science and technology for cargo and port security.
- ☑ A number of maritime security exercises have been held at California's ports including a three-part exercise named Exercise Bay Shield at the Port of San Diego and the first training exercise of the federal Port Security Training Exercises Program (PortSTEP), held at the Port of Los Angeles, and AmStep-Elevate Shield, held at the Port of San Francisco. .
- ☑ During the FY 2007 Program and Capability Review conference held on December 12-14, 2006, OHS met with port security directors to discuss a statewide maritime strategy and port security standards.
- ☑ OHS participated in a two day DNDO workshop at the Port of San Francisco to evaluate the interagency responses related to a rad/nuc incident. DNDO is following up with a national survey to inventory capabilities associated with rad/nuc detection specific to ports.
- ☑ OHS participated in the development of the Maritime Threat Operations Recovery Plan curriculum for Executives, which NPS will be offering in their Master's Degree Program.

Defending our Agriculture and Food System

On January 30 of 2004, the President issued HSPD-9, which calls on defending our agriculture and food system against terrorist attacks, major disasters, and other emergencies. California is the largest agricultural supplier in the Nation, producing over 50 percent of its fresh fruits and vegetables and 20 percent of its milk supply. Additionally, millions of dollars in agricultural products flow through our State's land, sea and airports annually. These factors combine to make California a particularly inviting target for the intentional contamination of foods in our production and processing systems. The impact of an attack on our food supply would be staggering – both economically and psychology.

CDFA, working with local, State and federal partners and in cooperation with private businesses and organizations, developed a short and long term strategy to improve food and agriculture defense in the State. The goal of this strategy is to reduce risks and strengthen the response capabilities during a terrorist attack, major disaster, or other emergency event - such as a disease outbreak.

The food and agriculture defense strategy identifies four broad categories for food and agriculture initiatives: (1) Prevention, (2) Detection, (3) Emergency Response, and (4) Recovery. Initiatives are developed using an “all hazards” approach and are evaluated based on risk (vulnerability and consequence) scenarios.

CDFA and the CDHS have been partnering with private businesses and local, State and federal agencies to develop cohesive strategies to protect food for decades. These efforts were formalized in 2001 through the State Strategic Committee on Terrorism and continue today through the ad hoc interagency Food and Agriculture Defense Steering Committee, which includes regulatory agencies such as CDFA, CDHS, California Environmental Protection Agency, OHS, and OES. Other committee members include local agricultural commissions and environmental and public health officers. Members of this interagency steering committee set priorities that guide investment efforts of participating agencies.

2006 Accomplishments

The following summarizes recent food and agriculture security accomplishments. These investments are consistent with federal and State homeland security priorities.

Prevention

- ☑ Increased general knowledge of how to prevent introductions of foreign animal diseases due to interagency coalitions including the Avian Health Group Rural-Urban Program and the WIFSS Agroterrorism Awareness courses.
- ☑ Improved milk security at the farm level initiated through WIFSS's Pilot Dairy Security Assessment and Field Trials.
- ☑ Improved targeting of agriculture import inspections due to CDFA participation in Customs and Border Patrol port risk assessment groups for agriculture.

Detection

- ☑ Laboratory surge and response capabilities have been enhanced through equipment purchases, additional laboratory staff, and participation in national laboratory networks in order to expedite detection of agroterrorism and bio-threat agents so that CDFA and cooperating agencies can take appropriate protective action.
- ☑ California now has the ability to safely diagnose animal diseases that can be lethal to humans (like highly pathogenic avian influenza) due to personal protection equipment and the CDFA employee health-monitoring program for foreign animal disease diagnosticians, veterinarians and livestock inspectors.
- ☑ Improved ability to share disparate information in order to detect malicious activity sooner through OHS's TLO Program.
- ☑ OHS participated in Los Angeles County Environmental Health Terminal Market / Distributor Bioterrorism Reality Based Exercise to look at risks associated with Los Angeles' food supply
- ☑ OHS participated in the Border Governor's Agricultural Bio-security Tabletop and Workshop held in Las Cruces, New Mexico from February 21 to February 23. Representatives were from the states of New Mexico, Arizona, Texas, and California. There were also representative from the States of Baja California Norte, Sonora, Chihuahua, and Nuevo Leon, Mexico. The purpose to the tabletop and workshop was to bring border states together for a multi-jurisdictional cooperative response to a bio-terror event along the U.S.-Mexico border with an emphasis on: plans, policies, procedures, and interoperability; identify actions required for interstate, international, and private industry coordination in response to an agricultural terrorist event.

Response

Increased food and agriculture emergency response capacity:

- Formation of the Agriculture Security and Emergency Response (ASER) office to centralize and coordinate emergency response efforts within the Department.
- Development of the CDFA Department Operation Center (DOC).
- Improved ability for CDFA to mobilize all staff with applicable training and experience to assist during a major disaster affecting food or agriculture.
- Wider support from non-traditional but potential agriculture emergency responders that participated in WIFSS agroterrorism training courses.
- Improved resource leveraging and coordination achieved through local and regional planning efforts (in process).
- Faster action to contain outbreaks due to improved data management and information dissemination:
- CDFA Chemistry Laboratory and California Animal Health and Food Safety (CAHFS) Laboratory information management systems to manage surge laboratory testing information.
- Integrated CDFA animal disease information management system that will provide disease control experts data needed to make disease response decisions (in process).

- Laboratory participation in national networks, including National Animal Health Laboratory System (NAHLN), Food Emergency Response Network (FERN), National Response Network (NRS).
- CDFA rapid notification system for potentially impacted entities (in process). Rapidly notifying farmers, ranchers, transporters, etc., that an animal disease outbreak or food contamination has occurred will allow for quicker containment action by stakeholders including recalls, stopping the movement of animals, isolation, biocontainment and decontamination.
- ☑ The Animal Health and Food Safety Services (AHFSS) Division of CDFA is the State entity responsible for implementing risk mitigations. To better address risk mitigation, AHFSS established a new division-wide support unit, the Emergency Preparedness and Support Unit (EPSU). This re-organization reduced isolated preparedness efforts by creating a Division level resource that addresses all emergency preparedness efforts for core mission areas.
- ☑ CDFA annually improves the State's fair network infrastructure
 - Fairgrounds are regularly called upon to serve as mobilization sites during emergency response
 - Fairs are utilized regularly as command posts, staging sites, storage facilities and training sites for numerous federal, State and local public health and safety agencies.

Recovery

- ☑ Increased laboratory testing capacity and additional CDFA research scientists allow for more rapid business resumption
- ☑ Better prepared through protection, detection and response expedites the recovery and reduces the financial impact of the event

Strengthen Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Detection, Response, and Decontamination Capabilities

The Administration is committed to improving the capabilities of the State's first responders to detect, respond to, and decontaminate a Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) event. With enhanced equipment, training, exercises, and planning, first responders' safety and capabilities will greatly enhanced.

California's public safety agencies have been investing in all hazards, certified and specialized response equipment such as: mobile command posts; specialized air/water vessel equipment; radiological detection equipment at commercial vehicle enforcement facilities; and at agriculture inspection stations.

Investments in CBRNE equipment have provided the State with an enhanced radiological detection emergency response system for local agencies that respond to radiological contamination incidents. Additional investments will allow first responders with real time radiation field detection equipment to transmit information on the specific source of radiation contamination to CDHS, where it can be evaluated immediately and appropriate action can be taken to protect public health.

OHS is working the owners and operators of California's critical infrastructure, including ports, major airports, and mass transit sites to determine radiological and explosive detection capabilities and to ensure that training is provided to all applicable responders in the use of CBRNE detection and decontamination response equipment.

California is also establishing a coordinated statewide laboratory response plan based on existing plans with common policies and standard operating procedures to foster coordination of activities requiring laboratory support during a CBRNE incident. The plan will identify necessary resources required to implement the laboratory response plan to ensure that the State maintains adequate response capacity.

Through a deployment of systems that ensure early detection of the import, transport, manufacture or release of CBRNE materials, California will be more capable of preventing the use of weapons of mass destruction (WMD) in our communities. As a result of investments in CBRNE equipment first responders are more capable of:

- assessing an incident, including testing and identifying all likely hazardous substances onsite;
- conducting rescue operations to remove affected victims from hazardous environments;
- conducting geographical survey searches of suspected sources or contamination spreads and establish exclusion zones; containing and fully decontaminating the incident site, victims, responders and equipment; and,
- restoring operations and collecting hazardous substances.

Explosive Ordnance Disposal Teams

Federal preparedness grants are being used to increase the State's capability to coordinate, direct, and conduct explosive device response operations, including the critical tasks of detecting, defusing and disposing of Improvised Explosive Devices (IED). Investments include:

- Supported the development or enhancement and exercising of plans, policies, and procedures for explosives detection and response.
- Supported the State's capability to address simultaneous IED incidents either with individual Operational Area assets or through mutual aid assets by increasing the number of personnel trained and equipped for explosive detection and response and increasing the number of deployable certified explosive ordnance disposal teams (EOD) within identified Operational Areas.
- Reduced the time from requesting explosives ordnance operations resources to the arrival of EOD teams on site, and time for explosive to be rendered safe.

Urban Search and Rescue Teams

Investments are also increasing the State's capability to coordinate and conduct urban search and rescue (US&R) response efforts for all CBRNE events. Federal preparedness funds are being utilized to:

- Strengthen California's existing relationship with FEMA's US&R Program Office in supporting the eight National/State Task Forces through enhanced development and support of the 29-person Regional US&R Task Force program in each of the State's 6 Master Mutual Aid Regions.
- Enhance and support the local government single typed US&R program, which is the first and most critical of the three US&R response tiers.
- Support and expand the existing Master Mutual System OES Type-3 Light US&R engine program.
- Enhance CBRNE laboratory capabilities and properly equip personnel responsible for conducting public health epidemiologic investigations are critical for an effective response to a WMD event.

Preventive Radiological and Nuclear Detection Plan

The DNDO, which is part of US-DHS, has committed to provide program assistance to OHS toward the development of California's Statewide Preventive Radiological and Nuclear Detection Plan. This program will compile the disparate State rad/nuc plans, resources and capabilities into one comprehensive document.

California K-9 Units Participate in 2-Month Antiterrorism Canine Training Program in Israel

California is the first State to participate in an exchange program with Israel, in which K-9 handlers from California law enforcement agencies will train on the use of canines in the field of terrorism prevention and deterrence. This unique program, called "Pups for Peace",

offers the advantages of: a one-of-a-kind training environment, exclusive explosive training in the context of anti-terrorism training, training on explosive ingredients not found in the United States and providing two dogs to each handler. Santa Clara Sheriff, San Francisco PD, Los Angeles Sheriff's Department San Mateo County Sheriff's Office, Sacramento County Sheriff's Department and Alameda County Sheriff's Office are participating in the program.

2006 Accomplishments

- ☑ Implemented a broad range of activities, including planning, organization, equipment, training, and exercises in an effort to build new and strengthen existing CBRNE detection, response, and decontamination capabilities.
- ☑ Enhanced and developed Radiation/Nuclear (RAD/NUC) preventive detection programs at the State and local level.
- ☑ Acquired and deployed chemical/biological detection systems with a focus on broad system-wide protection for high threat, urban transit systems and major indoor sports and convention venues.
- ☑ Acquired, consolidated, and coordinated deployment of explosive countermeasures capabilities, including explosives detection technologies for high-density venues such as transit systems, sports and special event venues, and shopping malls.
- ☑ Strengthened the public health capacity to protect food, water, and the environment from chemical and radiological contamination, including training local health departments and the food industry in planning, training, responding, and recovering from contamination.
- ☑ Enhanced laboratory capacity at CDHS to identify chemicals and radiological agents contaminating food, water, and the environment.
- ☑ Created a statewide workgroup to facilitate DNDO with the comprehensive RAD/NUC plan development
- ☑ Hosted DNDO Annual Stakeholders meeting in Southern California where the Preventative RAD/NUC Program Management and Commercial Vehicle Inspection Program Management Handbooks were debuted.
- ☑ Participated on a RAD/NUC panel at the National G&T Conference in Washington DC to discuss California's activities associated with RAD/NUC planning -
- ☑ Facilitated the deployment of biological detectors and chemical detectors at several special events held within California

Assessing and Bolstering Response Capabilities

The California Disaster Resource and Capability Preparedness Assessment Project (CDRCPAP), a collaborative OES and OHS effort, is intended to develop and implement an ongoing system to determine the status of prevention and preparedness plans, and track and assess the sufficiency of key emergency response assets. In undertaking this project, the Administration will develop a systematic method for identifying gaps in prevention, planning and emergency response resource capability in order to effectively target homeland security grants and to ensure that no citizen or area in California is without the necessary resources that are required to respond to a disaster in a timely manner. The State's ability to manage mutual aid resources during disasters will also be enhanced by having a more precise understanding of the quantity, quality, and location of key response resources.

The core of the project team is comprised of representatives from OES, OHS, and select members of the SEMS Specialist Resources Tracking Committee. In addition the team will be augmented as needed to best represent the interests of State agencies, local government, tribal governments, and the private sector. OES and OHS co-manage the project.

This long-term project will increase the response capabilities for local governments in a number of areas. The initial areas targeted will be search and rescue, including swift water rescue, and emergency ordinance disposal capabilities. The CDRCPAP will consider the status of Mitigation Plans, Preparedness Plans, victim tracking, and human and physical resources (e.g., trucks and officers) in all emergency response disciplines owned or directly controlled by the local, State or private sectors within California. The CDRCPAP will track the following resources, among others:

- Hazardous Materials Response –by type
- Interoperability – Radio Caches
- Port Security Enhancements
- Transit Security Enhancement
- Swift\Flood Water Rescue\Dive Teams
- Community Emergency Response Teams
- Urban Search and Rescue Teams
- Mass Evacuation Resources and Needs
- Mass Fatality Resources and Needs
- CBRNE detection equipment

CDRCPAP Goals:

- ☑ Identify and map known emergency response resources.
- ☑ Identify the key types of resources to be tracked and measured.
- ☑ Identify possible web based software systems to retain the resource information in both database and geographic forms.
- ☑ Develop a system methodology for collecting, entering, validating information in the database.

- ☑ Identify a format and methodology to collect, track, and assess the status of prevention and preparedness plans
- ☑ Coordinate the Collection of data from State agencies, local government, and the private sector.
- ☑ Conduct data validation.
- ☑ Develop a metric for assessing the quantity and quality of tracked resources vis a vis population, or other available risk data.
- ☑ Apply metric to resources in the database.

Progress and confirmation that the preparedness goals have been achieved will be accomplished by using a combination of the existing State Homeland Security Grant Program/Urban Area Security Initiative applications and Bi-annual Survey Reporting (BISR) methods to identify and track purchases and expenditures, Field Audits, Exercise Review and analysis of After Action Reports. A charter outlining these goals and objectives, as well as the project team composition, has been established. The project is expected to be completed by September 2008.

Additionally, the Budget Act of 2006 requires OES to contract for an independent gap analysis to “assess the strengths and vulnerabilities of California's emergency preparedness system for catastrophic events and the projected costs to address those vulnerabilities.” The gap analysis will measure the State's baseline emergency response capability and evaluate and quantify areas where systems, resources and organizations can be improved. Taken together, the gap analysis and the CDRCPPAP will inform additional emergency preparedness investments in California.

Strengthening the Management of Homeland Security and Public Health Emergency Preparedness Grants

The Administration remains committed to maximizing California's acquisition of federal resources for homeland security and ensuring that once acquired, these precious federal dollars are invested wisely and expended in a timely manner. As the US-DHS evolves as a federal agency, accessing the financial resources available and administering the funds awarded is requiring an ever increasing level of sophistication at both the State and local levels.

When considering US-DHS grant programs, it is important to note that federal funds are provided on a reimbursement basis to cover the initial outlay of local funds. Many local jurisdictions find this requirement burdensome, especially if there are delays in obtaining reimbursement from the State. Another obstacle to local jurisdictions is the ever changing federal requirements. Federal grant guidance issued by US-DHS continues to evolve and expand the range of programs and eligible activities. Without access to timely and accurate technical assistance, local program managers faced difficult decisions.

To alleviate these challenges, OHS established a grants management section. The first action taken by the grants management section was to assign regional program representatives to each of six regions established throughout the State. These regional representatives are that region's single point of contact for all homeland security grants. This single point of contact concept encourages the development of strong lines of communication and a familiarity of the regions' needs on the part of the OHS representative assigned. The performance standard developed for addressing technical assistance inquiries is that all requests are addressed in forty-eight hours or less. A recent survey of subgrantees indicated that their experience was that the majority of requests for information were handled in the same business day.

OHS also conducts a robust program of on-site grant management training for local jurisdictions. Training workshops are conducted at multiple locations throughout the State to reduce the impact of lost time and travel costs on our subgrantees. In FY 2006 the grants management section conducted over 60 days of onsite trainings, workshops, conferences and meetings. Topics included, assessing current capabilities, project development, grant application writing, grants management, fiscal management, accessing and navigating online grants management tools, training and exercise requirements, federal reporting requirements and how to prepare for a subgrantee monitoring from OHS. The resulting increase in local grant management capability has contributed significantly to an increased level of confidence and decision making at the local level often eliminating the need to contact the State for technical assistance.

In another effort to avoid delays in processing reimbursements to local jurisdictions, OHS convened a working group comprised of a cross section of local jurisdictions. The outcome was a new reimbursement process which was rolled out to our sub-grantees in fiscal

management workshops during 2005. The new process has been received with praise from our sub-grantees statewide. The new process streamlines procedures and eliminates redundancies by starting with a planning template, which becomes part of the application. Once an application is approved, this same document is used for reimbursement requests, grant modification requests and ends as a closeout document. All of these functions are now accomplished on a single spreadsheet without the need to reenter data. This document has been utilized with each new grant program introduced by US-DHS with little or no modifications.

Building on California's success in FY 2006, OHS will again compete for homeland security grants in 2007. While California's HSGP application in FY 2006 was the most financially successful application in the country, aspects of the methodology employed by US-DHS to assess threat and risk raised significant concerns as it jeopardized funding for the San Diego and Sacramento urban areas. The Governor immediately expressed his dissatisfaction over US-DHS's determination and worked closely with California's Congressional delegation to ensure this decision was overturned. As a result, San Diego and Sacramento were again eligible for funding in the FY 2007 HSGP application guidance released on January 5, 2007.

Funding for the SHGP, the UASI Grant Program, and the Law Enforcement Terrorism Prevention Program (LETPP) will again be allocated based on risk and need. Risk will be assessed at the federal level using two risk calculations: asset-based terrorist risk and geographically-based terrorist risk. These risk calculations are summed to produce a total terrorism risk score.

The competitive portion of the FY 2007 HSGP application will be based on the statewide Enhancement Plan initially developed in 2006 and Investment Justifications from the State as well as from each of five federally designated high-risk urban areas to determine present capabilities; identify areas that are strengths and weaknesses; and identify how funds could be used to fill gaps in preparedness efforts.

To prepare for the FY 2007 HSGP application process, OHS gathered over 400 public safety officials from across the State to attend a three-day Program Capabilities Review workshop from December 12-14, 2006. With this vast amount of experience from California's first responders, OHS is working with our local and State partners to determine the capabilities of the State and local jurisdictions to prevent, protect, respond to and recover from a catastrophic event.

Based upon the Program Capabilities Review conference, OHS, in collaboration with other State agencies is refining our enhancement plan and investment justifications on behalf of the State and our local partners. The enhancement and investment justification plans will be reviewed by the US-DHS to determine allocations of federal preparedness grants. These plans will also guide additional homeland security investments throughout the State.

In addition to the homeland security grant programs administered by OHS, local public safety agencies may apply for a myriad of federal grants to enhance their prevention, preparedness and response efforts. OHS is proactively identifying additional federal grants

and sharing these funding opportunities with our local partners. For example, the Assistance to Firefighter Grant Program, which is administered by US-DHS and awards funds directly to fire departments and emergency medical services, has provided 97 grants to local fire departments in California to acquire firefighting vehicles, equipment and other improvements for fire department facilities. This grant program has also awarded many local fire departments with training and health and wellness programs, among other allowable expenditures. OHS and OES have undertaken the task of coordinating with local fire departments to provide information and assistance in applying for these grants.

CDHS has undertaken activities to improve the management of the CDC Public Health Preparedness Cooperative Agreement and the HRSA National Bioterrorism Hospital Preparedness Cooperative Agreement, including development of a comprehensive local application, and planning for implementation of the statutory requirement for audits of LHDs in 2007.

In recognition of CDHS efforts to effectively obligating and spending CDC funds at both the State and local levels, a 2006 report by the federal HHS Office of Inspector General ranked California as third best in the nation in its low percentage of unobligated funds (2.7 percent.) California's accomplishment in obligating these grant funds to public health emergency preparedness activities is in part the result of State statute which gives CDHS authority for expeditious expenditure of these funds.

CDHS has had Regional Project Managers in place since 2004 to monitor and provide technical assistance to LHDs on public health emergency planning and response. In 2006, the Regional Project managers incorporated on surge planning and HRSA grant management in their activities.

In 2006, CDHS developed a comprehensive application guidance and agreement which includes funding streams from CDC, HRSA, CDC pandemic influenza funds and State funds in order to promote partnerships among State and local public health departments and the medical community and integration of efforts across funding streams. The single LHD agreement for all funding streams enables LHDs to conduct comprehensive planning for all public health emergency preparedness activities and to present an integrated budget to their Boards of Supervisors.

The 2005 State Budget Trailer Bill included a provision requiring that CDHS audit each LHD's use of federal public health emergency preparedness funds every three years, beginning January 1, 2007. . This activity will improve CDHS' oversight of local health department preparedness and accountability of federal emergency preparedness funds. In 2006, CDHS undertook planning activities to implement this mandate.

2006 Accomplishments

Some specific accomplishments include:

- ☑ Submitted successful FY 2006 HSGP. The FY 2006 HSGP was the first year that the HSGP contained a competitive component. In this first ever competitive process, California's application received twice the funding of any other State with the exception of New York which received approximately 60% of the funding received by California.
- ☑ Submitted successful applications for the BZPP:
 - FY 05 BZPP \$12,950,000
 - FY 06 BZPP \$5,835,000
 - FY 06 Chemical Sector BZPP \$6,597,100
- ☑ Submitted successful applications for the Transit Security Grant Program (TSGP)
 - FY 05 TSGP \$19,792,000
 - FY 06 TSGP \$19,122,397 including 2 successful competitive applications
- ☑ Conducted solicitation of applications from State agencies and awarded \$19,828,996 in SHSGP and LETPP funds to State agencies.
- ☑ Facilitated proposal review and grant award process for Non-Profit entities and will award \$5,120,926.
- ☑ Processed over \$400,000,000 in requests for reimbursements for local jurisdictions. Reimbursements in the period from July 29, 2002 until March 17, 2005 totaled \$130,000,000.
- ☑ Developed monitoring documents and streamlined processes.
- ☑ Conducted monitoring of subgrantee investments.
- ☑ Closed out the FY 2001 State Domestic Preparedness Grant with no funds returned to the federal treasury.
- ☑ Closed out the FY 2002 State Domestic Preparedness Grant with no funds returned to the federal treasury.
- ☑ Closed out the FY 2003 SHSGP Part I with no funds returned to the federal treasury.
- ☑ Close out of FY 2003 SHSGP Part II in process, anticipate no funds to be returned to the federal treasury.
- ☑ Ranked third best state in the nation and best among large states in federal report on percentage of unobligated CDC public health emergency preparedness funds.
- ☑ Developed an integrated local application which allows LHDs and the medical community to better leverage multiple funding sources to build public health and healthcare delivery capacity.
- ☑ Provided regional trainings on grant application development, on-site technical assistance, individual LHD training on operation of the California Health Alert Network; and reviewed and provided written feedback on LHD and Local HRSA entity applications and budgets.
- ☑ Ended 2006 CDC Grant Period with 99 percent of CDC funds spent or obligated.

How the Federal Grant Process Works

In January 2007, the OHS released its updated *California Homeland Security Strategy* which builds upon the foundation laid by the *National Strategy for Homeland Security* from the US-DHS. It uses the key concepts and principles identified in the federal strategy, relating them to the needs and unique characteristics of California. The strategic objectives of homeland security in California mirror those identified in the federal strategy:

1. Prevent terrorist attacks within the State;
2. Reduce California's vulnerability to terrorism; and
3. Minimize the damage and quickly recover from attacks that do occur.

With this comprehensive strategy as a guide, and based upon the results of assessments completed by California's 58 operational areas and urban areas designated by US-DHS, a Statewide Funding Strategy was developed. The Funding Strategy identifies a strategic direction for enhancing California's local jurisdictions and statewide response capability and capacity to prevent and reduce its vulnerability from natural disasters and acts of terrorism.

While specific project funding allocations are left for the operational area working groups to decide, resources they invest must support the State's Homeland Security Strategy for an all hazards, multi-discipline approach to emergency preparedness, response, recovery, mitigation and prevention. California's Homeland Security Strategy ensures that money invested in homeland security is done in a planned, coordinated, and strategic manner.

OHS's grant management strategy relies on regional planning and multi-discipline coordination. OHS has put in place an approval process that allows all public agencies to participate in the grant planning process. The basic structure for this is the OA, a unit of the mutual aid system that is defined geographically by each county border. A planning group, comprised of all public agencies, then makes recommendations to the five-member approval body of each respective OA. Each approval body must consist of the County Sheriff, the County Public Health Officer, the County Fire Chief, one metropolitan police chief, and one metropolitan fire chief. The membership of both the planning group and approval body ensures that multiple disciplines review assessments and determine investment strategies together in alignment with the State's strategy.

To prepare for the FY 2007 application process, OHS gathered over 200 State and local public safety officials from across the State to attend a three-day Program Capabilities Review workshop in December 2006. Based upon the Program Capabilities Review conference, OHS developed, in collaboration with other State agencies, an enhancement plan and an investment justification on behalf of the State and local partners. The enhancement and investment justification plans will be reviewed by the US-DHS and a peer review panel, consisting of other states and UASI jurisdictions, to determine allocations of federal preparedness grants. These plans will also guide additional homeland security investments throughout the State, and will place an emphasis on the national capability priorities.

Homeland security and public health emergency preparedness grant programs are coordinated and managed by OHS, CDHS, and OES. These agencies meet regularly to coordinate and implement the State's strategy to combat terrorism and natural disasters.

The federal HHS administers two public health emergency preparedness grant programs: (1) CDC provides grant funds for State and local health departments to address threats that impact public health; and (2) the HRSA grant provides funding for hospitals, clinics, poison control centers, and emergency medical services agencies to support preparedness for response. CDHS administers the CDC and HRSA grants for all of California except Los Angeles County, which receives grants directly from CDC and HRSA.

CDHS takes an all-hazards approach to its responsibilities of assuring the safety of public health and medical care in California. However, the largest looming threat to public health is the possibility of a pandemic influenza that could cause significant illness and mortality in California and could last for 18 -24 months. CDHS is focusing extensive resources on readiness for such a pandemic. In 2006, CDHS received from CDC two one-time federal grants to prepare for and respond to pandemic influenza.

Federal Homeland Security Grant Programs

Californians benefit from several federal homeland security grants. The primary programs are the State Homeland Security Grant Program (SHSGP) and the UASI Grant Program. There are also some specialized grant programs, such as port security and mass transit grants where transportation and maritime officials have a primary role.

The SHSGP provides funding for specialized equipment, exercises, training, and planning. In 2002, a group with representatives from each of the statewide first responder associations developed a funding plan. Following this plan, 80 percent of the program's funding was awarded to each of the State's 58 operational areas for the benefit of all first responders in the county. The remaining 20 percent was awarded to State agencies for domestic counter-terrorism and all hazard preparedness efforts.

In order to decide which jurisdiction (county, city or special district) and discipline (law, fire, health, etc.) is to receive SHSGP grant funding within each operational area, an approval body (as described above) must be established.

The State's funding plan has a requirement to ensure fire safety, law enforcement and public health disciplines receive a fair share of the funds and foster coordination among public safety agencies. Funds distributed within an operational area are allocated with a requirement that at least 20 percent is invested to support the fire service, law enforcement and public health sectors. The remaining 40 percent may be allocated at the discretion of the five member approval body as long as the focus meets the federal guidance as allowable investments. Investment decisions of the approval body are also guided by working groups with wide ranging representation that make recommendations to the approval body. Local approval bodies are encouraged to include additional, non-voting members to these groups to enhance multi-discipline planning and preparedness efforts.

The amount of money awarded to each county operational area is calculated on a minimal "base-plus-population" formula. Grant funds may be used for specified equipment (e.g. personal protective gear, explosive mitigation devices, detection equipment, hazmat response equipment, responder gear, etc.), as well as for training, exercises and planning activities. Unfortunately, with the exception of personnel used for planning and administrative activities, the grant does not cover the cost of operational personnel. The grant also does not cover the use of grant funding for brick and mortar construction projects. Additionally, federal guidelines prevent this grant funding from being used to acquire fire engines or squad cars. The Assistance to Firefighter Grant Program (AFGP), however, does provide funding for the purchase of fire engines and other fire equipment and is described in more detail below.

FY 2007 Port Security Grant Program (PSGP)

A total of \$168 million was allocated for the FY 2006 PSGP. The FY 2007 PSGP provides a total of \$201.17 million in funding primarily intended to support critical infrastructure associated with ports. Focuses include the enhancement of: domain awareness; capabilities to

prevent, detect, respond to and recover from attacks involving improvised explosive devices (IEDs) and other non-conventional weapons; as well as training and exercises. The funding priorities for the FY 2007 PSGP reflect US-DHS's overall investment strategy of risk-based funding and regional security cooperation. US-DHS separated eligible port areas into four tiers based on risk factors.

Tier I regions are provided with \$120 million in risk-based funding from the total amount that they are eligible to apply for and approved grants will be executed by cooperative agreement. Tier II through Tier IV port areas may compete for the remaining \$80.5 million of the funds. California's Tier I ports are eligible to receive approximately \$26 million allocated to in two separate parts: (1) the Bay Area Ports of Oakland, Richmond, San Francisco, and Stockton are eligible to receive a total of \$11.2 million; and (2) the Ports of Long Beach and Los Angeles are eligible for \$14.7 million. Port Hueneme and the Port of San Diego are eligible to compete for the \$30.17 million available to the nation's Tier III port areas.

FY 2006 Transit Security Grant Program (TSGP)

The FY 2006 TSGP provides funding for security and preparedness enhancements for federally designated transit systems. Funding is allowed for planning, organizational activities, equipment acquisitions, training, exercises, and management and administrative costs. The 2006 TSGP program is again built upon the Regional Transit Security Working Groups (RTSWG). In 2006, California's four RTSWGs have met at least quarterly to implement projects funded in FY 2005 and to plan and develop new projects in anticipation of the FY 2006 program. As a result, California's RTSWG were able to quickly and efficiently submit their FY 2006 TSGP application well ahead of the project deadline. The FY 2006 TSGP process also included a competitive component in which California maximized funding with two successful projects in Sacramento and San Diego.

The total for the FY06 TSGP was \$136 million: \$103 million for Tier I rail transit systems; \$7 million for Tier II rail transit systems; \$15 million for Tier I intra-city bus systems; \$6 million for Tier II intra-city bus systems; and \$5 million for ferry systems. The Tier II application processes were competitive.

The following California urban areas have been allocated funding under the FY06 Transit Security Grant Program:

<u>Urban Area</u>	<u>Award</u>
San Francisco Bay Area	\$11,200,000
Los Angeles/Long Beach, Anaheim/Santa Ana	\$6,200,000
Sacramento	\$476,897
San Diego	\$1,245,000

Total TSGP funding available in FY 2007 is \$171.78 million.

In addition to developing a Regional Transit Security Strategy, RTSWG's will determine the allocations of these awards within their urban area based on their regional assessment.

The San Francisco Bay Area RTSWG includes:

Alameda-Contra Costa Transit District
Alameda-Contra Costa Transit District
Altamont Commuter Express Authority (ACE)
Golden Gate Bridge, Highway and Transportation District
Peninsula Corridor Joint Powers Board
San Francisco Bay Area Rapid Transit District (BART)
San Francisco Bay Municipal Transportation Authority
San Francisco Municipal Railway
Santa Clara Valley Transportation Authority
Caltrans (Transbay Bus Terminal)*
City of Alameda Ferry Services (Blue and Gold Lines Fleet)*
City of Vallejo Transportation Program*
Central Contra Costa Transit Authority*
San Mateo County Transit District*
* - new system in FY 2006

The Los Angeles/Long Beach, Anaheim/Santa Ana RTSWG includes:

Los Angeles County Metropolitan Transportation Authority (LA MTA)
Orange County Transportation Authority
Southern California Regional Rail Authority (Metro Link)
City of Los Angeles Department of Transportation*
Foothill Transit*
Long Beach Transit*
Santa Monica's Big Blue Bus*
* - new system in FY 2006

The Sacramento RTSWG includes:

Sacramento Regional Transit District

The San Diego RTSWG includes:

North San Diego County Transit District
San Diego Transit Corporation
San Diego Trolley

FY 2006 Buffer Zone Protection Program (BZPP)

The FY 2006 BZPP provides grant funding for the equipment, management, and administration of actions to protect, secure, and reduce the vulnerabilities of identified critical infrastructure and key resource sites. Critical infrastructure and key resource sites are potential terrorist targets deemed most crucial in terms of national-level public health and safety, governance, economic and national security, and public confidence consequences.

Critical infrastructure sectors include: agriculture and food; banking and finance, chemical and Hazardous Materials Industry; Defense Industry Base; Energy; Emergency Services; Information Technology; Telecommunications; Postal and Shipping; Public Health; Transportation; Water; and National Monuments and Icons. Key resources include: Commercial Assets; Government Facilities; Dams; Nuclear Power Plants.

The BZPP is designed to reduce vulnerabilities of critical infrastructure and key resource sites by extending the protected area around a site into the surrounding community and supporting the prevention and preparedness efforts of local first responders. Funds will be used to assist local authorities responding to critical infrastructure and key resource sites. Local law enforcement then develops and implements buffer zone protection plans to increase the level of protection and act as a deterrent and prevention mechanism of possible terrorist threats or incidents. The total funding allocation for the FY06 BZPP is \$47,965,000. California's allocation is \$5,835,000.

A total of \$48.5 million is allocated for the FY 2007 BZPP.

FY 2006 Chemical Sector - Buffer Zone Protection Program (Chem - BZPP)

The FY06 Chemical Sector - Chem - BZPP is a targeted effort that provides funds to regions of the country with significant chemical sector concerns. The additional funds will enhance security and protection of chemical sector critical infrastructure and key resources and surrounding communities that if attacked could cause WMD-like effects. The total funding allocation for the FY06 Chemical Sector - BZPP is \$25,000,000. California's allocation is \$6,597,100.

FY 2005 Assistance to Firefighters Grant Program (AFG)

The FY 2006 Assistance to Firefighters Grant Program (AFG) program awards grants directly to fire departments to enhance their ability to protect the health and safety of the public, as well as that of firefighting and EMT personnel. AFG program grants are awarded on a competitive basis to the applicants that address the AFG program's priorities, demonstrate financial need and adequately demonstrate the benefits resulting from their projects. In FY06, the AFG program priorities were:

- Operations and Firefighter Safety Program
- Emergency Medical Services Safety Program
- Emergency Medical Services Vehicle Acquisition Program

- Firefighting Vehicle Acquisition Program

For FY 2006, Congress appropriated \$539,550,000 to carry out the activities of the Assistance to Firefighters Grant Program. Both OHS and OES have encouraged all eligible applicants to apply for these competitive grants. In FY 2006 California received \$10,190,375 for 70 projects across the State.

In 2006, Congress and US-DHS funded the Safety Advisory Foundation for Education and Research (SAFER) grant program which provides individual fire departments with grants to assist in personnel costs. Eight California fire departments were awarded a total of approximately \$4.6 million in SAFER grants for FY 2007

Both the AFGP and SAFER grant programs require direct application to US-DHS by individual fire departments for grant funding, which is awarded on a competitive basis. OHS and OES provide technical assistance to fire departments in applying for these competitive grants.

FY 2006 Commercial Equipment Direct Assistance Program (CEDAP)

On August 16, 2006, US-DHS launched the CEDAP to provide smaller law enforcement and first responder agencies with equipment items that will enhance and support regional response, mutual aid, and interoperability of responder equipment. A total of \$32 million was awarded during two phases. The first phase will provide applicants with the opportunity to acquire equipment already on federal contract and is limited to personal protective equipment, detection and sensor devices, information sharing software for law enforcement operations, and communications interoperability systems. OHS and OES shared information and technical assistance with eligible law enforcement and emergency responder agencies throughout the State.

FY 2006 Homeland Security Grant Program (HSGP)

The FY 2006 HSGP integrates five formerly separate grant programs into a single grant application process to better facilitate the organization, coordination, and management of State and local homeland security funding and prevention, preparedness, and response efforts. The consolidation will also strengthen coordination across the five programs and encourage regional collaborative preparedness efforts. The consolidation of grant programs into a single application totaled \$231,950,605 for California in FY 2006:

Urban Area Security Initiative (UASI)	\$136,290,000
State Homeland Security Grant Program (SHSGP)	\$47,580,000
Law Enforcement Terrorism Prevention Program (LETPP)	\$42,370,000
Metropolitan Medical Response Program (MMRS)	\$4,181,940
Citizen Corps Program (CCP)	\$1,528,665

The **UASI** program provides funding to address the unique planning, equipment, training, and exercise needs of high risk urban areas and to assist them in building an enhanced and

sustainable capacity to prevent, respond to, and recover from threats or acts of terrorism in their region. US-DHS predetermines the selected cities and also determines the amount of funding for each city or urban area.

Under this program, each of the primary cities selected for funding must work with their core county counterparts and define their “urban area” by including where appropriate, neighboring cities and counties. Once the urban area has been defined, an urban area working group is then formed to assess the needs of the urban area and provide recommendations to the core city/core county on how the funding should be distributed, by jurisdiction and discipline.

The UASI Grant does allow states to retain 20 percent of the funding for state operation area and regional first responders in the urban area. In fiscal year 2003 supplemental and the fiscal year 2004 programs, OHS opted to award 100 percent of the funds to the urban areas. In fiscal year 2005, the State opted to retain 8 percent of the federal allocation for state directed investments in the defined urban areas. The retainer is to be used to enhance the State’s (or other unfunded local government’s) participation in regional preparedness and prevention efforts in the corresponding Urban Area. In FY 2006 California’s nine UASI regions were consolidated into three “Super UASI” regions and two regions were identified for “sustainment” funding in FY 2006 and elimination in FY 2007. In FY 2006, OHS retained the full 20% eligible for State initiatives supporting the urban areas.

UASI funding details:

<u>Urban Area</u>	<u>Total Award</u>	<u>Local Share</u>
• Anaheim\Santa Ana	\$11,980,000	\$9,584,000
• Los Angeles \Long Beach	\$80,610,000	\$64,488,000
• Sacramento	\$7,390,000	\$5,912,000
• San Diego	\$7,990,000	\$6,392,000
• San Francisco Bay Area	\$28,320,000	\$22,656,000

Over the last year, OHS met and discussed the scoring criteria which resulted in sustainment status and the planned elimination of both the Sacramento and San Diego UASI regions. As a result, the FY 2007 HSGP program guidance includes both Sacramento and San Diego as eligible UASI regions in FY 2007 and also, for the first time, created a tiered system for categorizing urban areas based on highest risk. In the new system, six urban areas nationwide – including the Los Angeles/Long Beach and Bay Area urban areas – will compete for 55% of the funding (\$411 million) available in the UASI while the balance of the cities – including the San Diego, Sacramento and Anaheim/Santa Ana areas – will compete for the remaining 45% (\$336 million).

SHSP financial assistance is provided for homeland security and emergency operations planning activities and the purchase of specialized equipment to enhance the capability of State and local agencies to prevent, respond to and mitigate incidents of terrorism involving the use of CBRNE weapons and cyber attacks. The State and local jurisdiction may also use

funds to design, develop, conduct and evaluate statewide CBRNE and cyber security training programs and attendance at DHS-approved courses.

LETPP grants are provided for the purchase of equipment that supports efficient and expeditious sharing of information and intelligence that could preempt possible terrorist attacks. To a limited extent funds can also be used on terrorism investigation and enforcement efforts. Jurisdictions may also use the LETPP funds to make vulnerable targets more resistant to attack and conduct additional training that assists in further recognizing the potential or development of a threat.

MMRS grants support MMRS jurisdictions in further enhancing and sustaining integrated, systematic mass casualty incident preparedness for catastrophic incidents. The priority focus of this program is to prepare for mass casualty events during the first hours of a response, the time crucial to protecting the public and intervening to save lives, until significant external assistance can arrive. MMRS provides the planning, organizing, training, and equipping concepts, principles, and techniques, which enhances local jurisdictions' preparedness to respond to the range of mass casualty incidents – from CBRNE events to epidemic outbreaks, natural disasters, and large-scale hazardous materials incidents.

Federally defined MMRS Jurisdictions in California include: Anaheim, Bakersfield, Fremont, Fresno, Glendale, Huntington Beach, Los Angeles, Long Beach, Modesto, Oakland, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Jose, Santa Ana, and Stockton.

CCP grants are provided to form and sustain a Citizen Corps Council and to develop and implement a plan for the community to engage all citizens in hometown security, community preparedness and family safety, as well as incorporate citizen participation in existing plans and activities. Citizen Corps programs offer training and volunteer opportunities to support emergency management and emergency responders, disaster relief organizations, and community safety efforts, to include: Community Emergency Response Team, Neighborhood Watch, Volunteers In Police Service, Medical Reserve Corps, Fire Corps and Citizen Corps affiliates. Governor Schwarzenegger designated California Volunteers as the lead oversight agency for California's Citizen Corps Program.

FY 2006 Competitive Training Grants Program (CTGP)

The FY 2006 CTGP provides funding for training initiatives that prepare the nation to prevent, deter, respond to and recover from incidents of terrorism involving WMDs. US-DHS's Office of Domestic Preparedness awarded \$28,809,000 nationally in training grants under this program. Applicants were invited to submit training proposals that enhance regional, State and local prevention, preparedness, and response capabilities. The Sacramento County Sheriff's Office was one of the 11 programs selected by US-DHS to receive funding- a total of \$3,291,338 to develop standardized terrorism related training for analysts and information providers across the nation.

Emergency Management Program Grant (EMPG)

OES serves as the lead agency that coordinates all phases of the State's emergency management activities, assisted by representative of State agencies and in support of local government, under the authority of the Emergency Services Act, the Master Mutual Aid Agreement, and Executive Order W-9-91.

California received \$13.7 million in 2005 EMPG funds, with \$6.2 million going to local operational areas and \$7.5 million being retained at the State level. Operational area allocations were determined on a "base plus population" method. Of the \$6.2 million allocated to operational areas, \$2.6 has been paid through subgrantee reimbursement requests to date, with another \$257,000 pending payment. The local subgrantee performance period for this grant ended December 31, 2006 with an additional 30 days to submit final payment requests. The State portion has been fully expended.

EMPG funds, at both the local and State levels, were and are currently being used to support the day-to-day preparedness, response, and recovery activities in the areas of planning, organization, equipment, training and exercises. Examples of activities include: updating SEMS to incorporate NIMS requirements; revising response and recovery plans to align with the NRP and other NIMS requirements; developing guidance for local, State and tribal plans and programs that comply with NIMS; updating or developing training curriculum to meet universal task list/target capabilities list requirements; conducting (and participating in) training and exercises; and participating in planning activities with State agencies, local governments, and UASI regional planning efforts.

The areas of emphasis for the 2005 EMPG are:

- Terrorism preparedness and response;
- Risk assessment;
- Hazard mitigation;
- Training and exercises;
- Response Information Management System (RIMS); and
- SEMS Interagency Coordination

Future EMPG funding will continue to fund the day-to-day emergency management activities. California has been allocated \$14.1 million for EMPG 2006, and has awarded \$7 million to operational areas. The 2006 grant will address the following areas of emphasis:

- Initiating the integration of NIMS into existing emergency management programs, plans and procedures;
- Completing NIMCAST baseline assessment;
- Formulating a NIMS implementation plan;
- Conducting at least one operational area council meeting annually;
- Participating in Mutual Aid Regional Advisory Committee and SEMS Specialist meetings;
- Establishing a regular Emergency Operation Plan review cycle and maintenance plan;
- Participating in SEMS/NIMS training;

- Establishing and implementing an all-hazard, progressive exercise program;
- Establishing or enhancing duty officer systems and procedures; and
- Developing after action reports for emergency response.

FEDERAL HEALTH AND HUMAN SERVICES GRANT PROGRAMS

CDC Public Health Emergency Preparedness Cooperative Agreement

The California CDC grant supports emergency preparedness activities in CDHS and 58 LHDs. The Los Angeles County Department of Health Services also is a direct grantee of the CDC Cooperative Agreement and receives funds to support activities in the three LHDs located within Los Angeles County.

CDHS allocates 70 percent of its CDC grant to LHDs and provides each LHD with a base amount of \$100,000 plus an amount equal to its proportional share of the California population. CDC issues guidance each year indicating the activities that states must follow as a condition of receiving the bioterrorism grant. CDHS in turn issues guidance to LHDs and requires a work plan and budget that indicate how local allocations will be spent across the focus areas/outcome goals.

From 2001- 2004, CDC categorized public health emergency preparedness activities in seven focus areas:

1. Preparedness and Planning – Develop and exercise a comprehensive public health emergency plan for all hazards. Prepare to activate the SNS when supplies of pharmaceuticals and medical supplies are not adequate to meet California’s needs.
2. Surveillance and Epidemiology – Develop and implement the capacity to rapidly detect a bioterrorism event.
3. Biologic Agent Laboratory Capacity –Ensure rapid and effective laboratory services in support of the response to bioterrorism, infectious disease outbreaks, public health threats, and other emergencies.
4. Chemical Agent Laboratory Capacity – Deliver effective and rapid analysis for chemical agents likely to be used in bioterrorism.
5. Communications and Information Technology – Provide rapid electronic communication alerts to public health, health care, law enforcement, and public officials during a public health emergency.
6. Risk Communications – Provide health risk information to the public and key partners on effective protective measures that can be applied prior to, during and following an emergency.

7. Education and Training– Provide education and training to key public health and medical providers on preparedness and response to bioterrorism events.

In 2005, CDC revised its guidance to address outcome oriented goals that all State and local health departments must meet:

Prevent:

1. Increase the use and development of interventions known to prevent human illness from chemical, biological radiological agents, and naturally occurring health threats.
2. Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

Detect/Report

3. Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food or environmental samples that cause threats to the public's health.
4. Improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early events detection, in real time, to those who need to know.

Investigate:

5. Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Control:

6. Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

Recover:

7. Decrease the time needed to restore health services and environmental safety to pre-event levels.
8. Increase the long-term follow-up provided to those affected by threats to the public's health.

Improve:

9. Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Additionally, California's CDC grant includes funds earmarked for three specific activities:

Chemical Laboratory

CDC allocates funds for CDHS to maintain a state-of-the-art chemistry laboratory to test for bioterrorism agents and other toxic chemicals in human samples. Only five states receive funds to support laboratories to test for chemicals in human samples and CDHS is the only State health department on the West Coast with this capacity.

Early Warning Infectious Disease Surveillance (EWIDS)

The aim of the EWIDS project is to enhance coordination among neighboring states along the U.S.-Mexico and U.S.-Canada border. These funds are intended strictly for the support of surveillance and epidemiology-related activities to address bioterrorism and other outbreaks of infectious diseases. CDHS coordinates EWIDS activities with State and local health officials and health professionals, the Mexican government, and State health departments in Texas, New Mexico, and Arizona. Specifically these funds are used to improve early warning of infectious diseases, strengthen cross-border capacity for detecting, reporting, and prompt investigation of disease outbreaks, exploring mechanisms for interoperable systems for data sharing, and developing a public health workforce to undertake these activities.

Cities Readiness Initiative (CRI)

In 2004, CDC initiated the CRI program which is directed at providing antibiotics to the entire population of an urban area within 48 hours of detection of an aerosolized anthrax attack. In 2004, LHDs in the 21 largest urban areas in the United States received CRI funding; in California, this included San Francisco, San Diego, and Los Angeles County Health Departments. In 2005, CDC expanded CRI funding to additional urban areas. A total of 17 California LHDs participated involved in CRI. In 2006, all 17 LHDs continued to receive CRI funding to reach their entire population within 48 hours, and Fresno County was added as a planning county.

Pandemic Influenza

In 2006, CDC made two one-time allocations for development of State and local Pandemic Influenza Response Plans. These allocations were included in the CDC public health emergency preparedness grant that CDHS and Los Angeles received. These allocations fund activities such as development of strategic and operational plans at the State and local level which are tested through drills and exercises. Pandemic influenza preparedness must include a broad range of partners in the community and address all areas of the federal Pandemic Influenza Response Plan including surveillance, healthcare surge capacity, medical containment measures such as antivirals, vaccines, and non-pharmacologic measures such as school closures; communications, and business continuity.

CDC Funding to CDHS

The following chart shows the CDC grant award to CDHS since the inception of the program in 1999. Appendix D shows funding awards for each LHD by grant year. Appendix E shows allocations to CDHS by grant year. Appendix F shows expenditures and obligations for the first five years of the grant by focus area.

CDC Cooperative Agreement								
Funding Year	Available Funding Including Carryover Amounts	Base-State Operations	Base – Local Assistance, Including Cities Readiness Initiative	Early Warning Infectious Disease	Level 1 Chemical Lab	SNS	Pan Flu State Ops	Pan Flu Local Assistance
2006-07	\$71,573,462	\$13,739,287	\$37,390,095	\$1,463,654	\$1,348,259			\$17,632,167
2005-06	\$69,383,327	\$17,821,539	\$42,057,015	\$1,537,683	\$1,243,883		\$2,216,958	\$4,506,249
2004-05	\$68,819,980	\$20,616,355	\$44,562,250	\$1,429,078		\$2,212,297		
2003-04	\$64,188,429	\$14,340,115	\$44,328,559			\$5,519,755		
2001-03	\$61,674,866	\$24,031,654	\$37,643,212					
1999-00	\$1,753,818	\$1,753,818						

HRSA Bioterrorism Cooperative Agreement

CDHS administers the National Bioterrorism Hospital Preparedness Program funded through a cooperative agreement grant from HRSA to improve the capacity of hospitals, emergency medical services, clinics, and poison control centers to respond to all hazard emergencies. HRSA funds are intended to assist hospitals and supporting healthcare systems in delivering coordinated and effective care to victims of terrorism and other public health emergencies.

The HRSA cooperative agreements administered by CDHS supports 57 counties; as with the CDC public health emergency preparedness grant, the Los Angeles County Department of Health Services directly receives a cooperative agreement grant from HRSA to assist hospitals and other health care providers located in Los Angeles County.

Each HRSA grantee must spend 75 percent of the direct costs of the cooperative agreement to support local activities. CDHS provides a base amount of \$85,000 plus an amount equal to its proportional share of the California population to each county. HRSA issues guidance each year indicating the activities that states must follow. CDHS follows the HRSA guidance in issuing guidance to LHDs, requesting a work plan and budget that indicates how local allocations will be spent across the priority areas.

Local HRSA activities are directed by local planning groups comprised of hospitals, clinics, the emergency medical services agency, the LHD and other local governmental agencies, and the local hospital council. The LHD has the option of serving as the local entity administering the HRSA grant. Alternately, the local HRSA planning group can designate

local emergency medical services agency, hospital council, or other organization can serve as the local entity. .

CDHS contracts with EMSA to address specific emergency medical services, hospital and medical response issues. EMSA has responsibility for all emergency prehospital care including ambulance and non-ambulance medical transportation services and disaster support units as well as hospital trauma centers, local medical reserve corps, and disaster medical assistance teams.

From 2002- 2005, HRSA required California to address critical benchmarks within six priority areas. The priority areas were:

- Priority Area 1: Administration: Financial Accountability
- Priority Area 2: Regional surge capacity for the care of adult and pediatric victims of terrorism and other public health emergencies
- Priority Area 3: Emergency Medical Services triage, transportation, and patient tracking
- Priority Area 4: Linkages between hospital laboratories and local health department laboratories
- Priority Area 5: Education and Preparedness Training for pre-hospital, hospital, and outpatient health care personnel
- Priority Area 6: Terrorism Preparedness Exercises involving hospitals and State and LHDs

In 2006-07, HRSA redirected grant requirements away from critical benchmarks and priority areas emphasizing instead a six-tiered response structure that facilitates the movement of resources, people and services and enhances overall response capabilities.

Six Tier Structure	
Tier 1	Management of Individual Healthcare Assets
Tier 2	Management of Healthcare Coalition
Tier 3	Jurisdiction Incident Management (integration of healthcare facilities with fire/EMS, law enforcement, emergency management, public health, public works and other traditional response agencies.
Tier 4	Management of State Response and Coordination of Intrastate Jurisdictions
Tier 5	Interstate Regional Management Coordination
Tier 6	Federal Management Coordination

Under the six-tiered response structure, HRSA requires five response capabilities:

- 1) Personnel: HRSA requires that states create an Emergency System for the Advanced Registration of Volunteer Health Professionals.
- 2) Planning: HRSA requires that states plan for healthcare surge outside of hospitals, including identifying and planning for the operation of Alternate Care Sites and the consideration of purchasing mobile medical facilities.
- 3) Equipment and Systems: States must report bed availability data, develop an integrated interoperable communication system that links hospitals, EMS, and other healthcare entities with LHDs and the State; and ensure adequate surge capacity in local and state laboratories.
- 4) Training: Hospitals must be NIMS compliant and healthcare workers must be trained for the specific role they will play in an emergency.
- 5) Exercises, Evaluations and Corrective Actions: Hospitals as well as other healthcare entities must be full and present partners in planning, conducting, participating in and evaluating preparedness exercises and drills that occur at regional and state levels. After action reports must be reviewed for lessons learned and those lessons used to further enhance current facility based emergency operations plans and local emergency operations plans that have healthcare entities at the core.

HRSA Funding to CDHS

The following chart shows the HRSA grant awards to CDHS since the inception of the program in 2002. Appendix D shows funding awards for each local entity by grant year. Appendix E shows allocations to State agencies by grant year. Appendix F shows expenditures and obligations for the first three years of the grant by focus area.

HRSA Cooperative Agreement			
Funding Year	Total Funding	State Operations	Local Assistance
2006-07	\$38,325,286	\$14,045,286	\$24,280,000
2005-06	\$39,203,268	\$12,439,858	\$26,763,410
2004-05	\$38,973,726	\$7,505,524	\$31,468,202
2003-04	\$39,861,526	\$12,089,422	\$27,772,104
2002-03*	\$9,001,000	\$9,001,000	\$0

* HRSA program was administered by EMSA through an interagency agreement, all dollars were tracked as state operations.